




**REPORT**  
ON THE  
**HEALTH AND SANITARY**  
**CIRCUMSTANCES**  
OF THE  
**COUNTY BOROUGH OF NORTHAMPTON**  
FOR THE YEAR 1925.

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By J. DOIG McCRINDLE,

Medical Officer of Health,  
School Medical Officer, and  
Chief Tuberculosis Officer.



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*To the Mayor, Aldermen, and Councillors of the County Borough  
of Northampton.*

MR. MAYOR AND GENTLEMEN,

I present to you herewith the Report on the Health and Sanitary Circumstances of the County Borough of Northampton for the statistical year 1925, which embraces the period of fifty-two weeks commencing 4th January, 1925, and ending 2nd January, 1926.

As originally written the report contained fuller reference both in the way of tabular statements and in comment thereon, especially surveying the conditions and progress of the last five years, in deference to the wishes of the Ministry of Health. The Public Health Committee, however, in its solicitude in the interests of economy, gave instructions that the report should be cut down to the lowest possible dimensions and the endeavour has been made to comply with this wish. The result is that although I believe all that is absolutely essential in such a document is still retained, much has been deleted which specially referred to the quinquennial survey.

The outbreak of smallpox is probably the most distinguishing feature of the year to which the report has reference, as it is at least twenty years since this disease was last amongst us. The contrast to the conditions in regard to the prevalence of scarlatina from those described in the report for 1924 is probably also noteworthy. The suddenness of the appearance and spread of the epidemic of that year was more than equalled by the abruptness and comparative completeness of its disappearance.

There is no other point of sufficient importance to warrant, in the face of the Committee's instructions, any extension of an introductory note, hence with acknowledgments for assistance and for loyal support to my colleagues and to members of my staff,

I am,

Your obedient Servant,

*J. Douglass Pringle.*

PUBLIC HEALTH DEPARTMENT,  
GUILDHALL, NORTHAMPTON,  
JUNE, 1926.

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## CHIEF FIGURES, 1925.

ESTIMATED POPULATION AT MID-YEAR, 1925  
(from Registrar General) :—

	For Birth-rate	...	...	...	...	93,970
	For Death-rate	...	...	...	...	93,780
BIRTH-RATE	...	...	...	...	...	15.6
DEATH-RATE	...	...	...	...	...	11.9
“ STANDARDISED DEATH-RATE ”	(Factor 0.921)	...	...	...	...	11.0
INFANT MORTALITY	...	...	...	...	...	66.6
“ ZYMOTIC DEATH-RATE ”	...	...	...	...	...	0.29
DEATH-RATE FROM PULMONARY TUBERCULOSIS	...	...	...	...	...	0.82
DEATH-RATE FROM OTHER TUBERCULOUS DISEASES	...	...	...	...	...	0.22
TOTAL DEATH-RATE FROM TUBERCULOSIS	...	...	...	...	...	1.04

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	MALES.	FEMALES.	TOTAL.
BIRTHS .....	735	736	1,471
DEATHS .....	562	554	1,116

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AREA OF BOROUGH (in acres)	...	...	...	...	3,469
INHABITED HOUSES (Mid-year, 1925)	...	...	...	...	21,620
DENSITY OF POPULATION (Estimated Mid-year, 1925) :—					
	27.1 Persons per Acre ;				
	4.3 Persons per House.				
RATEABLE VALUE (31st December, 1925)	...	...	...	...	£466,963
YIELD OF ONE PENNY RATE	...	...	...	...	£1,840

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## 1.—NATURAL AND SOCIAL CONDITIONS.

The estimated total population is given by the Registrar Population General up to the middle of the year 1925 as 93,970. This is an increase on his estimate for 1924 of 380. The natural increase, represented by the excess of births over deaths, only amounted in 1925 to 355, or 3·8 per thousand, and was less than in any year since 1919. The average annual increase in the quinquennium 1921–25 was 589 (6·3 per thousand).

The Registrar General also supplied an estimate for the purposes of the death-rates, which I believe excludes the military population stationed here. This figure he states is 93,780 and on this is calculated all the death-rates, with the exception of those of infants.

The number of births registered was 1,471, which gave a birth-rate of 15·6. This is the lowest recorded with the exception of the last year of the war and that following (1918 and 1919). Northampton has for many years ranked as one of the industrial great towns which has the lowest birth-rate.

Last year the births of females exceeded in number those of males by one ; in 1923 there were as many as sixty-eight more girls born than boys, though it is usual in this country for the male births to exceed the female. The ratio of males to each one hundred females born in Northampton during the five years just passed was 103·4.

There were fifty-two illegitimate births, which represents 3·5 per cent. of the total. In recent years this proportion has remained fairly constant, and for the last five years it was 3·7.

There were 1,116 deaths registered, which gave a death-rate of 11·9. In 1925, the death-rate rose somewhat and indeed was slightly higher than at any time in the quinquennium. It must be confessed that there is no outstanding feature in the health history of the year to account for this rise.

The proportion of deaths in which there was no medical certificate of the cause was 5·9 per cent. (“ inquests ” 65, “ uncertified ” 1), while the deaths of elderly persons (sixty-five years and upwards) accounted for 46·0 per cent. of the total. 412 persons, including both residents and non-residents, died in various local institutions. This represents almost exactly a third of the total deaths which occurred in the Town.

The age and sex distribution of the population in each district varies and it is evident that towns containing a larger proportion of inhabitants on the extremes of life are more likely to have a greater number of deaths, other things being equal, than towns whose population is mostly made up of young adults ; consequently, if we are to draw anything like a fair comparison between the rates of different towns as a measure of their hygienic



conditions, these rates must be reduced to a common basis by adopting a standard of age and sex distribution. The Registrar General gives a factor for each locality by the use of which the varyingly constituted populations are reduced to a common standard for the purposes of calculating the death-rate. This factor in the case of Northampton is 0·921. The rate thus obtained is called the “standardised death-rate” and the figure for Northampton was 11·0 in 1925. Unfortunately, as the rates given for previous years are not thus standardised, it is impossible at present to draw comparisons.

#### Social Conditions

There was little difference from the previous year in the extent of unemployment. My information is derived again from the reports of the Northampton Distress Committee and the Board of Guardians.

During the latter half of the year the average weekly number employed by the Distress Committee was 270 in contrast with 331 in the same period of 1924. Over and above these, however, there was a waiting list, not included in previous reports, of 132. There was apparently not the same proportion employed in road construction works on behalf of the Borough Council as in the previous year and in the beginning of the present year (1926) 211 men were employed by the Distress Committee, while there were approximately 265 applicants awaiting work. In December the number of able-bodied unemployed relieved by the Guardians varied between 200 and 250 per week, and on these were dependent women and children whose numbers varied from three to four hundred.

Although these conditions note considerable improvement from those of a few years ago, they do not indicate a better state of affairs than was reported in 1924, so that the unemployment in the Town must still have a considerable effect on the general well-being of the community.

#### Other Statistics

References to other conditions such as housing, infant mortality, and the effects of various diseases, will be found in later sections of the report dealing with these matters.

## II.—SANITARY CIRCUMSTANCES.

#### Water Supply

Samples of the Town's water were again submitted about once a month throughout the year for bacteriological analysis and there is a record of fourteen reports, each of which was presented in turn to the Public Health Committee. Six referred to samples from the Reservoir and eight from various points of delivery in the Town. Although those reports shew that the water as delivered to the consumer is safe for drinking and domestic purposes, there are certain variations which indicate the need for a continuance on the part of the Water Department of the strict supervision which seems to have been maintained



hitherto. The pollution of some of the sources of the supply here, as elsewhere, is practically unavoidable, but, as in the past, the methods adopted for purification have proved efficient, as indicated by results. The conditions, however, which existed in 1921 clearly demonstrated that the water supply left much to be desired in regard to its quantity. As is well known, in the later months of 1921, in consequence of previously existing meteorological conditions, there was a very serious local as well as general drought and the main reservoir in which the bulk of our water is collected and stored became dry (4th January 1922), and it was necessary to obtain water by means of wells sunk through the river gravel in proximity to the Nene on lands periodically flooded by that river. These waters were, of course, more or less polluted, but were sufficiently purified by chlorination to render their use safe. The whole circumstances are described in some detail in my reports for 1921 and 1922. Such experience only confirmed the opinions previously expressed by the Water Engineer that there is urgent need for the extension of our water undertaking so as to increase appreciably the supply.

On one occasion, samples were taken at the Reservoir before and after the water had been subjected to filtration, but after storage. The Bacteriologist stated that before filtration certain organisms apparently belonging to the colon group were found but these did not exhibit all the reactions of the typical *B. Coli* and, further, that after filtration these appeared to be removed. Besides these samples, four were taken from private wells in the Town and although none of them shewed signs of actual recent pollution, the water was not up to the standard of the public water supply.

The chemical analysis was also done in regard to each of the samples from the private wells, the results of which corroborated those of the Bacteriologist. On two occasions samples of the mixed supply were submitted for chemical analysis, but no recent organic pollution was indicated.

There is a considerable proportion of older buildings in the Town in which the drainage is defective and this receives attention as it comes to our notice year by year. The sewers, however, in many districts are inefficient, being too large to permit of the flow necessary for cleansing purposes and complaints of the escape of sewer gas into the atmosphere are very frequent, particularly in the higher parts of the Town. I believe that little short of entire reconstruction of many of our sewers will materially alter this. I have pointed this out before and still receive complaints. Nothing beyond periodic flushing and the erection of an occasional ventilating shaft has been attempted so far as I am aware.

Drainage  
and  
Sewerage

I regret I cannot record any improvement in our scavenging arrangements. For years I have drawn attention to their utter inefficiency, both in the matter of collection and in that of disposal of the refuse. On the latter point there were

Scavenging

numerous complaints arising because of the deposition of refuse in tips within the Borough. One of these tips proved during a considerable period of the year to be an almost intolerable nuisance to the surrounding inhabitants and serious and widespread complaints were received, especially during the summer months. This is a comparatively recent tip used by the Corporation in the vicinity of Monarch Road, where most of the refuse from the districts of Kingsthorpe and Kingsley appears to be deposited at the average rate of about thirty loads a day. The decaying organic matter was covered with clinker, earth, etc., and a certain amount of so-called disinfectant material was spread over it, but in the hot weather the smell in the neighbouring streets was at times almost unbearable and the plague of flies was such as to render it impossible to keep the food supply from contamination. Measures were taken by the Borough Engineer's Department on the representation of the Medical Officer of Health, which for the time being greatly reduced the nuisance, but it seemed quite apparent that nothing short of complete discontinuance of this method of disposal of refuse in proximity to dwellings would efficiently and permanently amend matters.

The collection of household refuse put out in the mornings on the street in receptacles often of quite unsuitable character in uncovered carts at almost any hour of the day is the cause of innumerable complaints. The condition of the streets on a dry windy day on this account is frequently commented on by visitors. Although consideration has been given to the matter there is little result apparent so far.

#### Routine Work of Inspectors

The work of the inspectors is summarised in Table 1. Comparison with a similar table in the previous year's report still shew that owing to the decreased prevalence of communicable diseases it was possible to devote more time and energy to the work of factory and workshop inspection and the supervision of premises where food was dealt with. Tables 2 and 3 indicate a more detailed record of the work done in connection with house drainage.

For various purposes, 2,138 houses were inspected during the year and 1,180 of these were found to require further attention, with the result that 601 were repaired, 732 were cleansed and whitewashed, and others were dealt with for the different conditions, details of which are set out in Table 1. Altogether 693 statutory notices were served, but a considerable amount of work was done without the need of an official notice, on the receipt of a preliminary intimation from the Medical Officer of Health or inspector.

#### Rag Flock Act, 1911

There were seventeen inquiries made by the Chief Inspector under the terms of the Rag Flock Act, 1911, but it was not necessary on any occasion to take samples as the information supplied was apparently quite satisfactory, all the necessary guarantees being forthcoming.



On account of the presence of smallpox in the Town, a very close watch was kept on these houses. The keepers were warned from time to time of their duties in reference to any suspicious cases, but there was no evidence that the infection spread through this agency or that any of the inmates were in contact with known cases. Inspector Walker reported that inspection at midnight revealed certain infringements of the bye-laws, but these were not of such a nature as to require further action than a warning notice. There are on the register only four houses, registered for the accommodation of 152 men, and this number has remained more or less constant during the last five years.

Common  
Lodging  
Houses

The report required by the Canal Boats Acts to be sent to the Ministry of Health before the 21st January was duly submitted. Inspector Knowles is the inspector under these Acts and performs his duties in conjunction with those of Sanitary Inspector for a district. Twenty boats were inspected, which were registered to carry fifty-nine adults and five children, although the actual number carried was thirty-three adults and twenty-three children. There were no cases of infectious disease and no offences which required legal proceedings. The number of boats on the register known to be in use was eight.

Canal  
Boats

There has been no addition to the number of offensive trades on the register. As is to be expected in a town with an industry such as Northampton, the chief trade of this nature is that of the tanner. The number of tanners, however, has in recent years decreased and at the end of 1925 there were only four such on the register. Except for these, almost the only offensive trade we have is that of tripe boiling. All the premises where these trades were carried on were regularly inspected and no serious infringements of the bye-laws and no complaint of unavoidable nuisance came to light.

Offensive  
Trades

These, other than the above-mentioned, are considered in the section on food, as they comprise cowsheds, milkshops, bake-houses, slaughterhouses, etc.

Premises  
Controlled  
by Bye-  
laws, etc.

There is very little complaint of serious pollution of the atmosphere in Northampton by dense black smoke as the mechanical appliances in most of our factories are run by power supplied by gas or electricity, and only very occasional complaints of pollution are heard of. On one occasion, nuisance arose from the burning of bricks in imperfectly enclosed kilns, but after a considerable amount of correspondence this was satisfactorily abated. On another occasion a nuisance arose from the use of a heavy fuel oil engine burning Diesel oil and used in connection with a sawmiller's premises. It was found that this was due to the methods employed and these have been altered apparently satisfactorily. Besides these, there are always a number of complaints received from the burning of leather chips or for the

Smoke,  
etc.  
Nuisances



employment of chimneys which are not high enough to allow the products of combustion to be efficiently dispersed.

#### Schools

The Medical Officer of Health is the School Medical Officer, being responsible for the whole administration of this sub-department on behalf of the Education Committee. It is impossible, however, for him to take part in any of the detailed work of inspection and treatment and this is done by the Assistant School Medical Officer, Dr. J. H. Mason, who is an Assistant Medical Officer of Health. There is also a School Dental Officer who devotes his whole time to the service of the Corporation. The co-ordination of this sub-department with the others (tuberculosis, maternity and child welfare, etc.) of the Public Health Department is obtained through the general administration of the Medical Officer of Health.

As this work is carried on under the Education Committee the report furnished each year is separately published. A report is also made at the end of each quarter to the Primary Education Sub-committee. In the annual report, in accordance with the requirements of the Board of Education, the sanitary condition of the school premises is dealt with, as well as instances of communicable disease amongst the children in attendance at the schools. In regard to the former matter, although the conditions are generally fairly satisfactory, there are many that are far from ideal, and as to the latter, the only point calling for special comment is the fact that the schools played such a small part in the spread of smallpox. This, however, is referred to in some detail in the paragraph on smallpox in Section IV.

Although there were many cases of measles amongst school children, especially in the earlier and later months of the year, it was never necessary to resort to school closure. The head teacher of each department every week reports to the Public Health Department the absence of any child reasonably suspected to be due to communicable disease in the household and investigation is set on foot at once. It is thus that most of the information reaches us of such diseases as are not compulsorily notifiable.

### III.—FOOD.

#### Dairies, Cowsheds, and Milkshops

The principal article of food from the public health point of view is, of course, milk. The most of the milk supply is from local sources, though there are not many cowsheds within the Borough. On the register there were at the end of the year seventeen cowkeepers, three wholesale and 210 retail milk-sellers. Most of the latter are in business in a very small way and only deal with a few pints a day, so that the bulk of the milk distribution is in the hands of about half-a-dozen of the larger firms. Visits to the premises numbered 404 and defects were reported and remedied in twenty-one instances. Twenty-eight certificates of registration were issued, but fourteen referred to transfers, *i.e.*, change of ownership in already established businesses.

During the last five years there has been a decrease in the number of cowkeepers, but there is a tendency to increase in the number of small milk retailers. This is probably due to the lack of employment, which induces men to take up a trade such as this, for which few qualifications, no training, and very little capital seem to be necessary. It needs considerable vigilance on the part of the Department to see that the bye-laws are complied with, and the passing of the Milk and Dairies (Amendment) Act, 1922, has strengthened our hands by enabling registration to be refused or cancelled unless reasonable conditions are observed.

There were only three licences in operation under this Order during the year—one for the sale of "Grade A" milk and two for "Pasteurised" milk.

Nineteen samples of milk were taken for bacteriological analysis. Eleven of these were of "Grade A" milk and eight of the reports shewed compliance with the standard laid down. In two, although the number of organisms was not in excess, B. Coli were found in smaller quantities than the limit, and in only one report the milk was stated to be wanting in both requirements of the standard. On three occasions samples of "Pasteurised" milk were taken and the results were quite satisfactory. The other five samples were from undesignated, but bottled, milk; in three of these the degree of bacteriological purity was quite up to that of "Grade A" milk, while in the other two it was far below this, one in particular shewing close on a million organisms per c.c. and the B. Coli in 0.001 c.c. In the other, B. Coli was present in 0.00001 c.c. and the organisms in one c.c. were estimated at 428,000.

What immediately follows represents the work done under these Regulations, set forth in the form required by the Ministry of Health. In regard to the samples of milk which contained boric acid, the vendor explained to the Public Health Committee that his cans were washed out with a solution of this substance, and this was accepted.

1.—*Milk ; and Cream not sold as Preserved Cream.*

	Number of Samples examined for the presence of a Preservative.	Number in which Preservative was reported to be present, and percentage of Preservative found in each Sample.
Milk	151	3*
Cream	11	5†

Milk  
(Special  
Designa-  
tions)  
Order,  
1923

Milk and  
Cream  
Regu-  
lations,  
1912 and  
1917



\*These samples contained 0·03 per cent., 0·03 per cent., and 0·01 per cent. respectively of boric acid. They were all from the same source. An explanation was asked for by the Committee and was accepted.

†The samples contained 0·25 per cent., 0·22 per cent., 0·19 per cent., 0·13 per cent., and 0·12 per cent. respectively of boric acid. The first three were informal samples. In the other two (official samples) an explanation was asked for by the Committee and was accepted.

## 2.—*Cream sold as Preserved Cream.*

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made .....	3
(ii) Statements incorrect .....	0

Total ..... 3

(iii) Percentage of Preservative found in each Sample.	Percentage stated on Statutory label.
--	---------------------------------------

0·37 per cent.	Labelled not to
0·33 per cent.	contain more than
nil.	0·4 per cent.

(b) Determinations made of milk-fat in cream sold as preserved cream.

(i) Above 35 per cent. ....	3
(ii) Below 35 per cent. ....	0

Total ..... 3

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed ..... nil

(d) Particulars of each case in which the Regulations have not been complied with and action taken ..... nil

## 3.—*Thickening Substances.*

Any evidence of their addition to cream or to preserved cream. Action taken where found ..... nil

4.—*Other Observations, if any* ..... nil

Meat and  
Food  
Inspection

The specially appointed Food Inspector is assisted in the meat and food inspection generally by two of the district inspectors, who are qualified by certificate and appointed for this work, the whole being under the supervision of the Chief Inspector.



There were fifty-three private slaughterhouses on the register at the end of the year and to these 4,243 visits were made, all, except 235, whilst slaughtering was in progress. Most of these latter were visits paid by the district inspectors for the purpose of ascertaining if the terms of the bye-laws were observed. Eighty-nine infringements (chiefly failure to whitewash at the proper time) were reported and these were promptly remedied.

The fact that Northampton has not a public abattoir and at the same time has on the register so many private slaughterhouses, makes the work of supervision of the meat supply very much more difficult than it need be in a town of this size. These conditions are particularly difficult to alter owing to the fact that forty-nine slaughterhouses were registered or licensed before the adoption of the Public Health Acts Amendment Act, 1890, Part III., and they can only be removed from the register under conditions not easily attained. The remainder (four) are licensed annually. There was a proposal to insert in the Northampton Corporation Act, 1911, clauses giving the Corporation power to build and insist on the use of a public abattoir, but a town's meeting called on the requisition of the butchers negatived this proposal and the matter was not gone on with. I have reason to believe that feeling in the Town has greatly altered since then, although it has not been tested.

In reference to this subject, Table 4 is again inserted, which gives, as in former years, the particulars in regard to tuberculosis, which continues to be the chief diseased condition found in meat. It shews that no less than 58·9 per cent. of whole and 92·7 per cent. of part carcasses of beef and pork condemned were so because of this condition.

The usual table will be found in Appendix III., summarising the meat and other food condemned during 1925 (*see* Table 5).

No seizures were necessary, as on all occasions the food was surrendered voluntarily. Any unsound meat dealt with was either found at the time of slaughter or notice of the suspected unsound condition was given by the butcher. The local butchers have amongst themselves an arrangement for contributing to a common fund out of which they receive compensation for diseased carcasses or parts of such as are voluntarily surrendered, on the certificate of the Meat Inspector, and this has done much to help us in keeping the meat supply sound.

One hundred and six of these premises were in use when the year closed. The supervision of them necessitated 359 visits, when sixty-six infringements were discovered and remedied within a reasonable time. There is very little variation in the number of these premises from year to year. There is only one underground bakehouse known in the Town and this conforms to all the special requirements.

Slaughter-  
housesDisease  
in MeatSection  
117 of the  
Public  
Health  
Act, 1875

Bakehouses

Other  
Premises  
dealing  
with  
Food

1,280 visits of inspection were made to other premises dealing with food, such as the manufacture and sale of cooked and potted meats, jams, sweets, ice cream, etc. On eleven occasions nuisances or other matters requiring attention were noted, but it was not necessary to take legal proceedings in any instance. Amongst such premises there were on the register twenty-five wholesale dealers in margarine, one having been added during the year. To ice cream shops alone seventy-nine visits were made, especially during the summer months. On the whole the conditions under which this latter commodity is produced are satisfactory, but close supervision is needed to keep them so.

Food  
Poisoning

No instance of suspected food poisoning was brought to the notice of the Department.

Sale of  
Food and  
Drugs  
Acts

The number of samples taken under these Acts was 279, sixty-seven (24·0 per cent.) of which were taken informally. The taking of these informal samples, although no legal proceedings can be taken when found not genuine, affords useful information where adulteration is suspected, as in a town of this size it is extremely difficult to obtain official samples without arousing suspicions. On the other hand, samples are often taken thus where adulteration is not suspected but where it is desirable that definite information should be in the hands of the Department and this is equally well obtained by means of an informal analysis. Of the total number, informal and official, twenty-five were found not genuine. This represents a percentage of 9·0, which is not quite so low as the figure in 1924 but is otherwise the lowest of which we have any record. The annual average for the last five years was only 9·8 per cent. and this is the lowest in any similar period for twenty-five years. As a matter of fact, with the exception of milk and cream, there does not appear to be much food adulteration in the Town, nor do I believe in regard to those latter commodities that there is much deliberate tampering with them, the offences discovered being mainly the results of carelessness or culpable ignorance.

Of the nineteen samples taken officially and found not to be genuine, sixteen were of milk, two of cream, and one of sausages. The particulars in regard to three milks and the two creams have already been noted in the paragraph on the Milk and Cream Regulations. The sausages were adulterated by the addition of 23·8 grains per pound of boric acid. Although this was considered an excessive quantity (0·34 per cent.), it was deemed sufficient to deal with the vendor by seriously warning him. Of the remaining milk samples, thirteen in number, eight shewed deficiency in milk-fat extending from 1·0 to 11·0 per cent.; the vendors of five of these were warned by the Committee as the offences were either the first or the deficiency was small; in one shewing a deficiency of 9·7 per cent. the vendor was fined £3 16s. 0d. and required to pay 4s. 0d. costs; and those of



the other two were dismissed although deficiencies of 10·0 and 11·0 per cent. were found, as the Bench were satisfied that the milk had not been tampered with. In two other samples which were reported as shewing the addition of water, the vendor of one was warned as the proportion was considered small (3·2 per cent.), and the other in which the percentage was 9·6 was fined 16s. 0d. with 4s. 0d. costs. The particulars in regard to the remaining three are as follow :—A sample taken from a retailer was found to shew a deficiency in fat amounting to 37·0 per cent. and the addition of water to the extent of 14·1 per cent. As there was reason to suspect that the fault was mainly due to the farmer who supplied the milk, two samples were procured at the point of delivery, with the result that one was reported on as 9·0 per cent. deficient in milk-fat and 13·3 per cent. excess of water, and the other as containing an addition of water of 15·4 per cent. Prosecutions of the retailer and farmer were taken together; the retailer had a nominal fine of 10s. 0d. with 5s. 0d. costs and the farmer was fined £4 15s. 0d. with similar costs. The defence of the farmer was that the cold water cooler which he used was leaking and that the water was added in this way. Comment is superfluous.

It has frequently been averred that the standard set up by the Board of Agriculture and Fisheries, below which milk may be said not to be genuine, is too high, considering the variations in the composition caused by differences of feeding and climate. With this in mind a careful record has been kept since the beginning of 1909 of the composition of every milk sample, both official and informal, returned as genuine. These records have been summarised and the following tabular statement gives the result of such summary for the seventeen years 1909 to 1925. The first two years are given together and the remaining fifteen in quinquennia. It shews that the average composition is well above the minimum of 3·0 per cent. of milk-fat and 8·5 per cent. of non-fatty solids laid down by the Board. The details of each quarter in each of the years are available, but are too voluminous to reproduce in a report such as this :—

YEARS.	NUMBER OF SAMPLES.	AVERAGE COMPOSITION—	
		MILK- FAT.	NON-FATTY SOLIDS.
1909–1910	263	3·63	9·04
1911–1915	691	3·63	8·91
1916–1920	519	3·70	8·89
1921–1925	672	3·69	8·98
1909–1925	2,145	3·66	8·94



#### IV.—PREVALENCE OF AND CONTROL OVER COMMUNICABLE DISEASES.

“ Zymotic  
Death-  
rate ”

There were twenty-seven deaths amongst the so-called “ zymotic diseases,” giving rise to a “ zymotic death-rate ” of 0·29. There has been very little difference in this rate during the last three years and during the last five it has not reached a higher figure than 0·35.

Measles,  
Rubella,  
and  
Whooping  
Cough

Although measles has not shewn within the last five years the same sudden and violent epidemics which characterised the disease almost once every two years before this period, it certainly was more prevalent during 1925 than it had been since 1920. It is not notifiable and our information of its existence and prevalence (as also in the case of whooping cough) is obtained mainly from the weekly returns of suspected infectious illness sent by the head teachers of the public elementary schools. In this way 935 suspected cases of measles and 271 of whooping cough were reported, many of which were visited by the staff. The most of those occurred in the first half of the year in both diseases, in continuation of outbreaks begun at the end of the previous year. The deaths registered from measles numbered seven and from whooping cough six, also mostly in the earlier part of the year, and the death-rates compared with those of the whole country were :—

	NORTHAMPTON.		ENGLAND AND WALES.
Measles .....	0·07	...	0·13
Whooping Cough ...	0·06	...	0·15

Besides being less prevalent in the last quinquennium neither of these diseases seems to have been so fatal as formerly.

Diarrhœa  
and  
Enteritis

As these are mainly interesting through their effect on child welfare, they are more properly dealt with in the section on maternity and child welfare and are specially referred to in the Report of the Assistant Medical Officer. There were eight deaths and the death-rate per thousand births registered was 5·4, which is decidedly less than that for England and Wales (8·4). They were, however, more fatal than in 1924, when the death-rate was only 2·6. Compared with the mortality of ten or twelve years ago that during the past five years has been very much less.

Influenza

In comparison with the conditions in recent years this disease was not particularly prevalent in the Town during 1925. There was a certain amount in the earlier months and throughout the year there were twenty-two deaths classified as due directly or indirectly to this disease, or to one or other of its complications. Twelve of these occurred during the first four months. The principal complication, as is usual with the present type, was

pneumonia, particularly in the fatal cases, and ten out of the twenty-two were due to this. The local death-rate was 0·23, a distinct improvement on that of the previous year and approximately the same as in 1923. The rate for England and Wales was 0·32.

In the last five years, 1922 was the only one which shewed any very serious prevalence or mortality from this disease and even then its seriousness was not to be compared with outbreaks which occurred previously.

For the first time during the last quinquennium there have been no cases notified and no deaths registered from cerebro-spinal fever, acute anterior poliomyelitis, acute encephalitis lethargica, or acute polio-encephalitis. Cerebro-spinal Fever, etc.

One case was notified as typhoid fever and malaria. It was subsequently found on investigation that the case had suffered from malaria when abroad and this was complicated by a chronic form of tuberculosis. The case is referred to in the paragraph on enterica below. Besides this, two deaths were registered, neither of which was in a previously notified case. In both instances the disease had been contracted abroad and had shewn no acute symptoms in this country. One of them died of cerebral hæmorrhage, but the medical practitioner stated when referred to that he considered the malaria was a contributory cause. Malaria

This term includes cases of typhoid fever and paratyphoid fever A. and B. Eight notifications were received, seven of typhoid fever and one of paratyphoid B. Two of the cases in the first category were found on subsequent observation not to be typhoid fever and one of them is referred to in the paragraph on malaria. Of the remaining five, three were of males and two of females. The two female cases died in the General Hospital. Enterica

The paratyphoid fever was in a woman with somewhat mild indefinite symptoms, the diagnosis being made on bacteriological findings.

The ages of the group varied from eleven to fifty-two and averaged 27·8 years. All were from different wards in the Town. Four were removed to the General Hospital and two to the Infectious Diseases Hospital. A definite source of infection was not traced in any, nor a connection between them, and no spread occurred.

During the last five years only thirty-two cases of typhoid and paratyphoid fevers belonging to Northampton have been notified, at least six of which were found subsequently not to have any of these diseases while the diagnosis in several of the remaining was doubtful. In the same period only five deaths were registered.



## Dysentery

One case of dysentery was notified, the disease having been originally contracted in Gallipoli, but the man having recurring attacks in this country, for which he was periodically admitted to hospital.

A death occurred also of a case which was not notified. In this instance the disease had been contracted in East Africa and the man was subject to recurring attacks, the last of which ended in toxæmia.

## Chickenpox

This disease was made notifiable, with the concurrence of the Minister of Health, on 17th July, 1923, in the first instance for six months, but in the beginning of 1924 the term was extended for a further period, ending on the 16th of July of that year. From this latter date no further extension was in force until shortly after the appearance of smallpox in the Town towards the end of March. Compulsory notification began again on 8th April in the first instance for six months, but afterwards renewed for a further six months. It was therefore in force from 8th April, a period of nearly nine months. In this time, 303 notifications were received, 148 of males and 155 of females. All the cases with the exception of thirty-two were under ten years of age—a percentage of 89·4, somewhat below the proportion in 1924. In that year the greatest number occurred in the ages of one to five years, but in 1925 most were within the period five to ten years. Seventeen were in infants under a year old (5·6 per cent.). The average age in both sexes was just over five. The notifications came from every ward in the Town, but variations in the ward numbers were great. In St. James' and Delapre together there were 145 notifications (47·8 per cent. of all), while in St. Michael's and St. Lawrence's there were only fifteen, a percentage of just under five. There is, unfortunately, much reason to believe that the notifications are but an unreliable index of the extent of this disease, as many cases are so mild that their nature is not suspected and even when so suspected it is hardly thought necessary to seek medical advice. Secondary cases especially, I have reason to believe, are by no means fully notified and this is apparent from the proportion of primary and secondary cases which come to light. Of the 303 notified only eighty-seven were secondary in an already infected household. Two hundred and sixteen, therefore, were classified as primary cases and amongst these full investigations were made in 187 instances, ninety-eight of these being male patients and eighty-nine female. An attempt was made to obtain information, as accurate as possible, of the vaccinal condition of the members of each of these households, as it was kept in mind that the primary object of notification of this disease was the prevention of the spread of smallpox. In the households in which these 187 primary cases occurred there were 1,007 inmates; 452 (44·9 per cent.) were stated to have been primarily vaccinated either in infancy or later; 515 (51·2 per cent.) were said to be



unvaccinated ; and in forty (3·9 per cent.) accurate information was not obtainable. These figures correspond fairly closely with similar ones set out in the previous year's report, except that the proportion unascertained is higher. Revaccination was stated to have been done in 104 cases (10·3 per cent.). Again it was found that these revaccinations and most of those primary vaccinations performed after infancy were amongst those who had served in the late war. The larger proportion also of those vaccinated in infancy was found to be over twenty-five years of age.

Following on a year which was characterised by a sudden Scarlatina explosive outbreak of scarlatina, 1925 shewed the disease again in a comparatively quiescent phase. It was evident in the last few weeks of 1924 that a rapid subsidence of the epidemic was in progress and this was continued during the earlier weeks of the present year and at the beginning of February the average weekly incidence of cases had fallen to something like five, an average which was hardly ever exceeded during the remainder of the year. The cessation of the epidemic was thus more sudden even than its onset and it had lasted barely six months. In the report of 1924 its main characteristics are referred to. During 1925 there were originally 230 notifications only and two of these were subsequently withdrawn by the practitioners notifying, so that the number is reduced to 228. This gives a case-rate of 2·43 per thousand (the lowest since 1921) as compared with England and Wales, which was 2·36. Of this number, 148 were removed to the Infectious Diseases Hospital, a percentage of 64·9. Further observation, possible at least after hospital admission, shewed that eighteen were not true cases of scarlatina, and the number of presumably genuine cases is reduced to 210. Amongst these are included three cases which really came from other districts and therefore did not belong to Northampton, and two of the remainder were inmates of institutions in the Town. If these are deleted the remaining 202 may be reckoned as presumably genuine Northampton cases in private households in the Town. Of these 202, eighty-eight were males and 114 females. This represents a ratio of 129·5 females to every hundred males. One hundred and twenty-three of them (forty-nine males and seventy-four females) were admitted to hospital.

Every ward in the Town was involved, but unlike the experience of the previous year the bulk of the cases came from the outlying wards, as I have found usual in scarlatina. In 1924, I pointed out, the reverse was the case. The average age was a little less than in that year (10·1 years) and was almost the same for each sex.

The number of separate households affected was 174, which gave an average of 1·16 cases per household. In 150 of these the disease did not spread beyond the original case. This is

slightly over eighty-six per cent. In last year's report I stated several reasons why I expected the disease to spread readily in households, one of which was the accumulation of susceptible material which had been going on for a good number of years owing to the recent comparative absence of the disease, but it was also shewn that much of this susceptible material remained unaffected. In view of this it seems somewhat remarkable that again the household spread in the present year was so small. In only twenty-four households did this spread actually take place after the occurrence of the primary case (13·8 per cent.) and in twenty-one of these only one subsequent case occurred. Expressing this as last year we find that in these 174 households, after the notification of the first case, there were left 644 susceptible contacts over a year old. Of these, only twenty-eight apparently were infected (4·35 per cent.). Recognising, however, that this is mainly a disease of childhood, it may be better to consider the position in relation to children only. Amongst the above-mentioned contacts left after the first case there were 215 children over a year but under fifteen years old who had not previously had the disease. Of these, twenty-two (a little over ten per cent.) developed scarlatina, while in 150 households with 547 susceptible contacts, 177 of which were children, not one second case occurred.

There was a record of four deaths in 1925, two in the Borough Hospital and two at home. The death-rate, therefore, was 0·04 per thousand and the fatality 1·8 per cent. One of the hospital deaths occurred after eighty-six days under treatment of acute endocarditis resulting from scarlatina. This case was notified and admitted during the preceding year. The second hospital case died a few days after admission of acute nephritis. Of the two deaths which occurred at home, one was that of a woman of thirty-one, who had been notified in October, 1924, was then removed to hospital, was under treatment for thirty-six days, and was discharged before the end of the year apparently well. A few days later, however, she developed some heart symptoms and was admitted to the General Hospital for some weeks. She was subsequently sent home and remained under the care of her medical adviser and died in October, 1925, a year after her original notification. The death certificate stated the death was due to "scarlet fever, mitral incompetence" and the medical practitioner was of opinion that the original attack of scarlatina contributed to the fatal result. The remaining death was in a home-isolated case and was that of a young man of twenty, who died of heart failure on the same day as the rash appeared. The medical practitioner subsequently confessed that the diagnosis was difficult and at best very doubtful. It will thus be seen that only two of the deaths occurred amongst cases notified in 1925.



There were originally sixty-six notifications of diphtheria. Diphtheria. One of these was afterwards withdrawn and one related to a member of the military forces and hence excluded from the civil statistics. The nett number, therefore, was sixty-four and the attack-rate 0·68, which compares favourably with that of England and Wales (1·23) and the local rate for the previous year (0·93). There were no deaths. The death-rate for England and Wales was 0·07 and in the year before Northampton had a death-rate of 0·01.

It was found after subsequent observation that one of the cases, at least, was not diphtheria and that three of the remainder were in non-residents of the Borough, so that the number of presumably genuine Northampton cases is reduced to sixty. One came from an institution in the Town and only fifty-nine occurred in the ordinary Northampton households. Twenty-nine of these last were males and thirty females. All were examined bacteriologically before notification, with a positive result, and thirty of them were removed to the Borough Infectious Diseases Hospital. The average age was just over ten and they were spread over all the municipal wards with the exception of Delapre and St. Edmund's. Thirty-seven were in attendance at public elementary schools, the greatest number (six) occurring at Barry Road School. No death was recorded and as a general rule the cases were extremely mild, many of them shewing no distinctive clinical symptoms beyond mild sore throat.

One hundred and sixty doses (412,000 units) of antitoxin for curative or preventive treatment were issued without charge to medical practitioners on application to the Public Health Department, at a cost of approximately £37. This, of course, does not include the antitoxin used in the Infectious Diseases Hospital.

For a period of twenty years—since 1905—the Town has enjoyed an entire freedom from smallpox. Smallpox. In that year and the three immediately before it there was a succession of forty-four cases and this, though not a serious visitation compared with contemporary experience in many other parts of the country, was sufficient to give rise to apprehensions.

The long period of immunity, however, came to a sudden though hardly unexpected end in 1925. Not unexpected, as since 1917 there had been throughout the country a gradual but uninterruptedly progressive rise in the number of cases each year till in 1924 it reached 3,797. The prevalence in the Midlands during that year was relatively high and no fewer than six of the nine counties in immediate contact with our own were invaded, so that it seemed inconceivable that we should escape any longer.

Early in 1925 the disease entered the County and cases were discovered in Kettering and its neighbourhood. It was not, however, till seven weeks later, after it had spread somewhat extensively in and around Kettering and the record of cases there



had reached close on eighty, that the first real instance occurred in Northampton. There had been false alarms, numerous suspected cases had been seen and investigated, and several "contacts" of Kettering cases and of cases elsewhere in the country had been kept under supervision, but not till 25th March did it actually make its appearance.

The fact that the disease has been in recent years mostly of the mild so-called "American" type, characterised by almost no fatality and by an illness scarcely more severe than the ordinary type of chickenpox, may be comforting from the point of view of the patient but it increases the difficulties of those charged with its control in the community. The unusual mildness of the symptoms and the frequently modified appearance of the eruption in the present type often allay the suspicion of the patient and his friends so that they do not always avail themselves of medical advice. Even when they do so the diagnosis by those not well acquainted with the clinical features, from lack of experience, is attended with considerable difficulty, particularly in the early stages, sufficient occasionally to embarrass even the experienced practitioner. For the same reason there is a great reluctance on the part of "contacts" and others in affected areas to submit to the necessary supervision or to avail themselves of the protection afforded by vaccination. Thus the effective control of this mild type of the disease is often rendered more difficult than that of the severer forms. This would matter less if there was any certainty that the malady would always assume this benign form. There is evidence, however, that this cannot be depended on and that the possibility of the severer type re-asserting itself cannot be eliminated.

During 1925 twenty-three cases were discovered and notified and two others were found, the nature of whose illness was not suspected till after they had recovered and ceased to be infectious, and only then through the discovery of the spread of the disease amongst those who had been in close contact with them and whose attack could not otherwise be accounted for. The total number of known cases, therefore, was twenty-five, ten amongst males and fifteen amongst females. The average age was 23·7 years and eight were between fifteen and twenty-five. They were distributed amongst seven of the twelve wards, the largest number belonging to the South Ward. Only the first two occurred in the Castle Ward, the poorest and most densely populated part of the Town. Thirteen separate households were involved, in two of which four cases each occurred. There were only four amongst children at the public elementary schools (sixteen per cent.) but in each instance the child was not, at the time the rash came out, in actual attendance but had been excluded either as a contact under observation or for other reasons. One lad (V. 25/3) attended the Town and County Secondary School, but as the earliest symptoms were severe he was laid up from the very onset and had been away from school for at least

five days before rash developed. His sister (V. 25/3a), however, was one of the missed unrecognised cases and attended the Girls' Secondary School. She was away from school at the time the rash appeared, but as its nature was not appreciated she returned before it had passed and must have been in attendance for ten days while in a more or less infective condition. Although this latter fact was not discovered till three days after this period and therefore no effective steps taken till then, the disease did not spread amongst her class-mates, a fact difficult to explain. A young woman (V. 25/9), employed in one of the largest boot factories in the Town and working in a "closing" room along with 138 other women, was found to have been at work for three days with the rash out, though the source of her infection was not traced, and fourteen to sixteen days later another woman in the same workroom (V. 25/13) developed a rash and also remained at work three days afterwards. Subsequently a third woman (V. 25/17) in the room had a similar rash nineteen to twenty-one days after the second case. She fortunately did not remain at work after the rash had appeared and thereafter no further extension took place in connection with this factory. The wonder is that amongst so many contacts with the repeated exposure above described there was not a greater extension of the disease. The employers greatly aided the Department by not only furnishing at once a list of the names and addresses of all the contacts, but in sending an almost daily report of any absences amongst them, greatly helping in this way the supervision which was maintained. They also did their best to obtain vaccination or re-vaccination amongst their workpeople.

The vaccinal condition of the twenty-five smallpox cases was of course carefully investigated. All but six had not been previously vaccinated. None of those six, the youngest of whom was thirty-two years of age, had been vaccinated since infancy and the evidences of such vaccination were in each, with one exception, faint and meagre.

Two cases (V. 25/11 and V. 25/12) vaccinated for the first time after exposure to infection but too late to prevent the development of smallpox, shewed evidence that, for a few days at least, they were suffering from both conditions (vaccinia and smallpox) concurrently, each with a modifying effect apparently on the other, though eventually the former condition seemed to give place to the latter which quickly aborted in the later stages.

In the absence of universal recent efficient vaccination and re-vaccination the most effective method of controlling the disease after the prompt discovery and isolation of the sick is the close supervision, for a term including the full incubation period, of each and every one who has been in any direct contact with a case after it has become infective. In a community such as this, which I believe enjoys the notoriety of being one of the worst vaccinated in the country, this supervision of contacts



becomes particularly important. It is not necessary, unless in exceptional circumstances, to isolate these contacts in quarantine or even to prevent them going to work, provided it is possible to keep in daily touch with them at home or at work. This involves, however, enormous time and energy as the number to be dealt with is usually very considerable, and if the outbreak becomes at all extensive it generally calls for a temporary increase of staff. Fortunately the outbreak at present being considered did not extend beyond limits manageable by our present staff, although for a time almost all our efforts had to be concentrated on this work and most else had to be left. The twenty-five cases of smallpox with which we had to deal provided us with well over three hundred contacts to supervise, including 138 employees of the boot factory and thirty-three class-mates at the Secondary School referred to above.

Every effort was made to trace a connection between each case and one or other of its predecessors or failing that to find an independent origin. In quite a number, however, no such relationship could be traced and the source of infection elsewhere remained undiscovered. The history, therefore, of the whole outbreak seemed to indicate that it consisted of seven separate invasions, the source of none which of was ascertained. This in my experience of smallpox in the past is unusual, at least to anything like the same extent, and a most careful search was made repeatedly amongst possible contacts and varicella cases in the hope of discovering some unrecognised case which might prove a connecting link, but without success.

The first phase in the history of the outbreak embraced the first period during which the hospital remained open from March 25th to May 2nd (thirty-eight days) and it included one invasion with two cases, the second a contact.

After an interval of twenty-three days the hospital was re-opened and the second phase began. This included three apparently quite separate and unrelated invasions, each of the first two beginning with an unrecognised case, the origin of which could not be traced and which was not discovered till the appearance of cases in the second generation came to light. The third could not be connected with either of its predecessors. Its origin was not found, though apparent insusceptibility to vaccinia directed suspicion to a possible unrecognised attack in a near relative, but the corroborative evidence was far from sufficient for proof. The first of these invasions produced three cases in two generations, the second five in two generations, while the third shewed nine in three generations. The phase lasted from May 25th to August 28th, when the hospital was again closed, a period of ninety-five days, and embraced fifteen notified and two unrecognised (and therefore unnotified) cases.

The third phase began ten days after the second closure of the hospital and forty-five days after the isolation of the last case in the previous phase. The disease seemed to break out anew from what source again was not discovered. There seemed no

connecting link with the previous outbreak and the suspicion of an unrecognised case (based on the result of vaccination) could not be confirmed. This phase lasted sixty-seven days from September 7th to November 13th, when the hospital was finally closed. It embraced three invasions again apparently unrelated with origins as mysterious as before. These invasions produced three cases in one generation, two in two generations, and one case respectively.

Except for this mystery surrounding the sources of these seemingly separate outbreaks, or as I have called them invasions, there was no evidence either in the Town or its neighbourhood indicating the existence of a case which had escaped recognition beyond the two found at the end of May and mentioned above. The circumstances connected with each and every instance were personally investigated by the Medical Officer of Health, and each known direct contact was under his own supervision, at least during the critical period. On a good many occasions doubtful cases were brought to his notice which were not cases of smallpox, but the possibility of an error in diagnosis in any of these was always borne in mind when endeavouring to find the origin of each new invasion, and on several occasions where possible connection existed one or other of these was seen again but without further result. The entire period covered by the outbreak included two hundred days during which the hospital was in occupation and thirty-three when it was closed. The isolation period of the cases varied from fourteen to thirty-five days, with an average of 23·4 days. The greatest number in hospital at any one time was eight.

There are three such institutions under the direct control of the Department :—

Borough  
Hospitals

**SMALLPOX HOSPITAL, TOWCESTER ROAD.** For the first time for twenty years the special hospital at Hardingstone, which has always been kept in readiness for the immediate admission of cases of smallpox, was brought into use, as has already been described in the paragraph dealing with this disease. While closed this hospital is under the general supervision of the Matron of the Harborough Road Hospital and arrangements had been made to staff the institution in emergency from the latter hospital. This was done during the 1925 outbreak, but owing to the fact that there were never more than a few cases in the institution the emergency staff was able to maintain the service during the whole period.

**WELFORD ROAD TUBERCULOSIS HOSPITAL.** This institution, which forms one of the links in the chain of anti-tuberculosis measures, is under the immediate charge of the Tuberculosis Officer and is used for the isolation, observation, and education of tuberculosis cases. The work of the institution is referred to in the report of the Clinical Tuberculosis Officer in Appendix I.



HARBOROUGH ROAD INFECTIOUS DISEASES HOSPITAL. The usual statistics in connection with this institution are set out in Table 9. Owing to the very sudden subsidence of the explosive epidemic of 1924, these numbers are in marked contrast with those given in a similar table for that year. The admissions were almost entirely confined to cases of scarlatina and diphtheria; besides these there were only two notified as enterica. Only one death occurred, a case of scarlatina with severe kidney complications.

*Scarlatina.* Omitting the case that died, there were 203 which completed their term of isolation. Only 187 could be classed after observation as genuine and one or two of these even contracted the disease after admission, while many were of such a mild and indefinite character as almost to baffle certain diagnosis. The average stay of those 187 presumably genuine cases was 47·3 days. The following were the chief complications recorded, few of which were serious:—inflammation of glands, mostly of the neck, twenty-eight (15·0 per cent.), otorrhœa thirteen (6·9 per cent.), rhinorrhœa ten (5·3 per cent.), albuminuria seven (3·7 per cent.), nephritis four, and glandular abscess three. There were no secondary sore throats, but in one instance genuine reinfection was recorded. Five outbreaks of chicken-pox occurred during the stay in hospital. Altogether forty-six of the genuine cases shewed one or other of the common complications of scarlatina, a proportion of 24·6 per cent.

*Diphtheria.* Thirty-five genuine cases were discharged, having completed an average isolation period of 50·9 days. On the whole the type was a mild one and there were few complications, the chief being inflammation of the glands of the neck and a few discharges from the nose and ears. Two were found to be suffering from scarlatina as well as diphtheria on admission and there were two cases of cellulitis which required operation. There were no deaths.

*Enterica.* Two patients suffering from typhoid fever were admitted and discharged after an average stay of 56·5 days. Both appeared to be genuine and of average type and severity. The diagnosis was confirmed in both instances by bacteriological tests.

“*Return Cases.*” Seven so-called “return cases” were recorded and it might be convenient here to reinsert the definition of the term “return case” as employed in this series of reports, viz:—All new cases of scarlatina that have occurred in the same house within a period of not less than twenty-four hours and not more than twenty-eight days after the return of a previous patient from hospital. For the sake of ease of reference, the new case arising from this possible connection is designated the “return case,” while the previous one is called the “infecting case.” These terms, however, are applied here quite independently of the reality or otherwise of any causal relationship. The “return cases” investigated are those the treatment of which

was completed during 1925. It may be unscientific to place any limit on the period during which a "return case" may occur, but this having been done for practical purposes in former years, it is thought better to adhere to it in the present.

These seven "return cases" were mostly of mild type and indeed one was after prolonged observation definitely proved not to be a case of scarlatina, and one was mild enough to be labelled doubtful. The so-called "infecting cases" in connection with these seven numbered only five and these latter, with the exception of one, were also of a very mild type. The one referred to, although not very severe, suffered persistently from mild albuminuria, which was still in evidence when the patient left the hospital after sixty-five days isolation. The albuminuria was present on admission in the first instance.

Besides these hospital "return cases" two others occurred in households a few days after the release from home isolation of a previous patient. One of these latter was admitted to hospital and found to have genuine scarlatina.

*Hospital Improvements.* In 1924, when the scarlatina outbreak was at its height, the hospital, although capable of accommodating a hundred cases, was yet found inadequate to allow of the admission of all those in which removal to hospital was desired by their friends and the Public Health Committee had its attention specially directed to the institution. It was found then that quite apart from the accommodation, during an epidemic, a considerable number of alterations and repairs, amounting in some instances to reconstruction, especially of the staff quarters, was necessary if even the hundred patients were to be assured of accommodation of an ordinary up-to-date character. Reports were presented by the Medical Officer of Health and subsequently by the Borough Engineer and a scheme was eventually approved by the Council, costing about £10,000 to carry out. The scheme was sent for approval, along with the plans, to the Ministry of Health and certain minor alterations were suggested. At the end of 1925 final approval had not been obtained from the Ministry, but as the outbreak of scarlatina had abruptly come to an end, leaving the number of patients requiring or seeking isolation insufficient to occupy fully even one ward block, many members of the Committee and Council began to consider it inadvisable to go on with the scheme. Be that as it may, so far no part of the original scheme has been put in hand, although in the beginning of the present year (1926) the old decaying wooden fencing round the back part of the hospital was replaced by an open unclimbable iron fence. It seems to me that it is during those inter-epidemic periods, when infectious disease is comparatively quiescent and public expenditure on its prevention at a low figure, that such repairs and reconstruction should take place, so that when our resources are required for the actual treatment of the disease we may not be hampered by having at the same time to provide the necessary facilities.



Pneumonia (1) NOTIFICATION. (*See Table B.*) There were 353 notifications received and to this number must be added sixteen in which death occurred from primary or post-influenzal pneumonia without the previous receipt of notification. Three of these latter occurred outside the Town and information of the death was received only through the Registrar General. This raises the total number of cases of primary or post-influenzal pneumonia known to the Department to 369. The following tabulation is inserted for comparison with previous years:—

	MALES.	FEMALES.	TOTAL.
Number of Notified Cases ...	202	151	353
Deaths of Non-notified Cases	12	4	16
Totals .....	214	155	369

The average age was 20·7 years, just over nineteen in males and over twenty-two in females. The cases were spread more evenly over the year than in 1924, but sixty-four per cent. occurred during the first half. Over 150 were notified during the months of January and December. The principal wards to be affected, as in 1923 and 1924, were Castle, St. James', and the North. Seventy-seven proved fatal—forty-eight males and twenty-nine females. This indicates a fatality of 20·9 per cent. The largest number of males died in the age-period between forty-five and sixty-five years, but of females in the age-period over sixty-five years.

Again an attempt was made to indicate by figures the extent of the spread of the disease in households. Three hundred and forty-two primary outbreaks were investigated; twenty-nine were stated to be post-influenzal, but there is little doubt that a number of the others followed in the course of this latter infectious disease. It was also found that in about a dozen instances the pneumonia, although stated to be, was not really primary but was secondary to whooping cough or measles in the households. In these 342 households there were 1,612 contacts, but amongst these only seven possible secondary cases were found. These seven occurred in seven separate households. In one there was undoubtedly measles present and in another whooping cough. In a third, the second case, which was notified as pneumonia while the primary was notified as broncho-pneumonia, did not occur until thirty-nine days after the original outbreak and the second patient only arrived in the household from London on the morning of the day on which he was taken ill, so that it was perfectly evident that though a second case this was not a secondary case. This leaves only four instances where primary pneumonia could be said to have spread in the house, or, expressed in another way, barely 0·3 per cent. of the contacts developed the disease as a possible result of the extension of real pneumonia.

(2) DEATHS REGISTERED. There is a classification of these in age-groups in Table C. This comprises a group not necessarily corresponding with that dealt with in the preceding paragraphs, as it may include some deaths from pneumonia which were neither primary nor post-influenzal but were secondary to some other condition and will exclude those notified cases of pneumonia in which the death was registered as due to some other condition. The usual tabulation is given for comparison :—

	MALES.	FEMALES.	TOTAL.
Pneumonia (or Lobar Pneumonia)	24	16	40
Influenzal Pneumonia .....	5	5	10
Broncho-pneumonia .....	18	7	25
Totals .....	47	28	75

As in the deaths mentioned in the paragraph above, the most fatal ages in males were from forty-five to sixty-five and in females over sixty-five years. There were thirteen infants under a year old. The death-rate from all forms of pneumonia was 0·80 per thousand, compared with 0·85 and 1·06 for 1923 and 1924.

Puerperal fever is more aptly included in the section on maternity and child welfare, to which reference should be made, and more especially to the report of the Assistant Medical Officer, Dr. Shaw. Puerperal  
Fever

There were nine cases, which gave a case-rate of 0·10 per thousand, contrasted with 0·06 for England and Wales, but four of these nine were admitted to the General Hospital from the County. One died (a case treated at home) and two other Northampton residents died outside the Town from the same cause, making three deaths with a rate of 0·03. Seven of the nine notified cases were treated in the General Hospital and two at home.

This also forms part of the report on maternity and child welfare. There were eleven cases, an attack rate of 0·12. Ophthalmia  
Neonatorum

Eighty-seven persons belonging to the County Borough of Northampton began treatment for the first time as out-patients at the Special Clinic at the General Hospital. These are classified thus :— Venereal  
Diseases

CONDITION.	MALES.	FEMALES.	TOTAL.
Syphilis .....	18	15	33
Gonorrhœa .....	43	6	49
Other than Venereal .....	3	2	5
Totals .....	64	23	87



The number of new cases was less in 1925 by ten than in the preceding year and comparison with former reports will shew that this decline is progressive year by year since the return of the troops from the war in 1919. This, I understand, is the experience all over the country and the prevalence of venereal diseases generally is getting less and less, largely no doubt due to the serious attention which has been given to the subject since the war, and especially to the active propaganda which has been and is still being carried on.

Although the full course of treatment is as a rule fairly prolonged, it would seem that twenty-two of the patients underwent the full course before being discharged and were sent out with every evidence of complete cure. It is also gratifying to know that although this figure does not quite come up to that for 1924, there has been in the last six or seven years a progressive increase in such numbers. On the other hand, there were only eleven who began treatment but failed to persevere until they were shewn to be cured and this also is part of a progressive improvement. However, it still leaves the greater number patients at the end of the year. These eleven who failed to persevere in their treatment are classified as follows :—

CONDITION.	MALES.	FEMALES.	TOTAL.
Syphilis .....	—	2	2
Gonorrhœa .....	8	1	9
Totals .....	8	3	11

The total attendances at the out-patient clinic were 2,196 and 169 days were spent in hospital by in-patients. For the treatment of syphilis, 449 doses of one or other of the recognised arsenobenzol compounds were administered. These compounds, which are approved substitutes for salvarsan, included novarsenobillon in doses ranging from 0.45 to 0.75 gm., stabilarsan 0.30 to 0.60 gm., and sulfarsenol 0.06 to 0.45 gm. The same methods of treatment as are detailed in the reports for 1923 and 1924 are still in use both for syphilis and for gonorrhœa. In spite of the decline in numbers of those treated it is still interesting to note that the use of the laboratory in diagnosis and as a guide to treatment is as popular as ever. 504 specimens were examined at a cost of just over £114. 274 of these were on behalf of the Special Clinic and 230 for local private practitioners.

As has been the practice since this work has been taken in hand, it was felt that educative propaganda plays a very active part in our campaign against venereal disease and the Local Branch of the British Social Hygiene Council (the new name for the N.C.C.V.D.) is still entrusted with this. The executive committee of this Branch includes the whole of the Public Health Committee, as well as members of the medical, clerical, and other professions and representatives of most of the public bodies interested in social work in the Town. The greater part of the

cost in connection with the activities of the Branch is borne by the general public, either as ratepayers or taxpayers. An account of the work of the Branch is probably best given by the following extracts from the report of the honorary secretary (Miss Scott) for the year ended April, 1926 :—

“ The Executive Committee has met five times and the members of the full Committee have been called together once.

The activities of this Branch have been concentrated during the later months. It was our intention to arrange for exhibitions of the new film “ Youth and Life,” during the autumn of last year, but we were disappointed, as this had not reached completion.

On 20th October, Mrs. C. Neville Rolfe, O.B.E., the General Secretary, came down to discuss the work of this Branch and to make further suggestions. She also spoke at length on the discussion which took place at our last Annual Meeting. We regret to report that although two hundred notices and invitations were issued only twenty-four persons attended, a very disappointing result.

On Sunday, 1st November, the Chairman of the Executive Committee, gave an appreciated address to the members of the Young Men’s Bible Class at Adnitt Road Church.

On Wednesday, 24th February, a lecture was arranged and held at the Public Library Hall, when Professor Julian S. Huxley gave a lecture on “ Biology, the Individual and the Race.” We are glad to report that the attendance on this occasion far exceeded our expectations, many people being unable to gain admission. At the close of the lecture many interesting questions were discussed.

On Sunday, 28th February, a Film Exhibition was held at St. James’ Cinema. We had anticipated being able to show the new film, but were again disappointed, and were obliged to substitute the films—“ Memories,” “ The Flaw,” “ The Shadow,” and “ Waste.” The audience numbered about fourteen hundred.”

There has been little variation recently from year to year Tuberculosis in the character and extent of the operations against this disease, as will be seen from the record submitted by Dr. S. Rowland, the Clinical Tuberculosis Officer, which will be found in the first appendix to this report. No new methods have been adopted and there has been little, if any, alteration in those already in use.

It is still apparently very difficult to obtain a sufficient number of suitable cases to keep fully occupied the beds available at the Creaton Sanatorium and Welford Road Hospital. At the former institution, which is under the management of a committee of the local branch of the National Association for the Prevention of Tuberculosis, the number of beds retained by the Town Council for the treatment of early cases of pulmonary



tuberculosis was reduced in 1925 from twenty to fifteen. The record shews, however, that even this number was not fully utilised. At Welford Road Hospital, belonging to the Corporation, twenty-eight beds (including a number in small wooden shelters) are provided for cases under observation pending more accurate classification, as regards future treatment, for cases destined for domiciliary treatment after a preliminary period of education, and for those in the later stages in which isolation is desirable but not otherwise attainable. It seems to be the experience, however, that with few exceptions cases of the last type only will accept the accommodation offered and even then only temporarily as a rule, and that the number of these is insufficient to keep the beds full. Unfortunately, the predominance of this type has stigmatised the institution as a hospital for hopeless cases, which prevents any other type from taking advantage of it. I believe, however, that it is still necessary to success in the campaign against the disease to isolate cases in the later stages with abundant sputum loaded with tubercle bacilli, although the infectivity of the disease from person to person, at least in adult life, has been greatly exaggerated in the past. There are many homes in which the apparently healthy inmates, especially young children, are exposed over long periods to the daily risk of infection from such cases, and in spite of some lack of conclusive evidence of the spread of this disease in this manner it seems almost inevitable in some instances. Even for a time complete isolation may be of value, though less so than if it is permanent. There is little doubt, however, that the stigma already referred to prevents many, even of this advanced type, accepting treatment in the institution.

Dr. Rowland considers that the number of those in a sufficiently early stage to warrant treatment at a sanatorium, who are willing to accept such, is not enough to fully utilise the accommodation now reserved at Creton. Only thirty-eight were sent during 1925, and not all of these to Creton, although 109 new cases were notified, while fifty-one contacts and 112 others in which the diagnosis seemed doubtful were examined.

As early diagnosis is generally a necessity for successful sanatorium treatment the following facts based on recent experience are significant.—(1) Twenty-nine of the 102 cases of pulmonary tuberculosis (considerably more than a quarter) concerning which full particulars were obtained on investigation during 1925 were not notified until the condition had already existed over a year and eight not till after death (*see* Table T. 2, page 48). (2) From Table T. 5 it appears that twenty-two of the deaths during the year from tuberculosis of the lungs occurred within six months of the date of notification, twelve of the twenty-one deaths from tuberculosis other than pulmonary were not notified at all and five had been notified less than a month before. (3) A summary of the figures in the corresponding tables for each of the years of the last quinquennium shews these proportions to be even greater than in the single year 1925.

In the light of these facts the outlook is not too promising, in spite of the general reduction of the tuberculosis death-rate. No doubt early diagnosis is often difficult and uncertain, but, I fear, the chief obstacle to early treatment is the inability of the patient to recognise the first threatenings and perhaps even more to his unwillingness to obtain medical advice when he suspects the meaning of the early symptoms. He fears the result of the economic and other disabilities which he will probably suffer owing to the absurd exaggeration of the significance of the disease as a danger, even in the early stages, which exists in many quarters. Hence the presence of the disease is often concealed till the growing intensity of the symptoms permits of this no longer, and the hope of cure or even of arrest has passed.

The remarks on mistakes in diagnosis in Dr. Rowland's report are of some interest and seem to indicate that a number of cases are labelled "tuberculosis" in which there is no evidence of the disease.

It has been ascertained that the books of the Department contain the names of many who, though notified in the past as tuberculosis, are still alive and in the Town but not now suffering from the disease. It is customary to remove the names of all those found to have died or to have left the Town permanently, but otherwise no names have been deleted. The Ministry of Health, however, has now required the register to be purged also of the names of those still alive in the locality who as the result of inquiry are found not now to be suffering from any active form of the disease. A careful revision has been carried out on the strict lines insisted on, very properly, by the Ministry of Health with the result that, though the revision was not completed by the end of the year, 188 names have so far been removed. The removal has been effected either because the patient was in a condition which might be regarded as a cure, the disease being permanently arrested, or the diagnosis of tuberculosis made at the time of notification had not been established in the light of subsequent history. It is gratifying to know that seventy-five names have been removed because of cure and it is equally satisfactory in many cases to find that in 113 instances the diagnosis has not been established, even though a number of these latter have passed through the sanatorium at the public expense. Though suspected at first to be suffering from tuberculous disease of lung, notified and sent to the sanatorium at once, these really never did develop the disease. They were, however, given the benefit of the doubt at least. In view of the difficulty in securing real cases in the early stages, is it not better to give the benefit of the doubt and not wait for definite cast-iron proof which may mean and often does mean waiting too long to ensure permanent arrest? Of course, it will be said that in this way cases are claimed as cured which really never were cases of tuberculosis, but careful and continued observation both at the sanatorium and afterwards combined with an honest acknowledgment of



results should prevent such a claim being made. Besides this, I consider in some cases at least it is only by such prompt measures that the disease is prevented from developing and the establishment of the diagnosis does not take place. Indeed I feel sure from my recollection of the condition in some of these cases whose names we have been able to remove from the register recently, because the diagnosis of tuberculosis was not established, that their notification at the time and the prompt measures taken then are alone responsible for the better state of things now.

Reference should be made to Dr. Rowland's report and the accompanying statistical tables for the record of the work of his department during 1925.

#### Bacteriology

The examination of most of the material for the detection of the tubercle bacillus is carried out at the small laboratory in connection with the Tuberculosis Dispensary. All the other bacteriological work, including the examination of secretions for diphtheria, of blood for typhoid fever and venereal disease, and other pathological material, is done at the laboratory at the General Hospital. Here also bacteriological examinations of specimens of food, including water, are carried out. Reports are furnished to the Medical Officer of Health in connection with all examinations made at the public expense. In reference to clinical bacteriology the usual table (No. 11) is inserted in the third appendix, shewing the nature of the work and the number and character of the reports received throughout the year.

#### Meteorology

The usual table containing details of the meteorological conditions is included. The information which enabled this to be prepared was kindly supplied by Mr. R. H. Primavesi.

The year 1925 was not like its predecessor characterised as a wet year. With the exception of the very abnormal year 1921, the rainfall was less than in any year since 1918. This feature was particularly characteristic of the first half of the year, during which only 8.43 inches of rain fell. We have to go back to 1915 for anything like a similarly dry season, except the aforementioned 1921, and this in spite of the fact that on twenty-two days in February and twenty-one in May more than 0.01 inches fell. The mean temperature differed little from the average for the last five years, but there was a distinctly cold spell in November and December.

#### Disinfection

The usual table shewing the work month by month at the Disinfecting Station is inserted in the Appendix.

#### Rat Destruction

This work is under the control of the Chief Sanitary Inspector, and a rat-catcher is still retained for whole-time work. There was little difference in the methods employed and the number of tails

accounted for was 2,976. The following numbers may be of interest as setting out the work accomplished under the Rats and Mice (Destruction) Act, 1919, since it came into force :—

YEAR.	NUMBER OF TAILS.
1919 .....	163
1920 .....	3,214
1921 .....	2,994
1922 .....	3,237
1923 .....	3,337
1924 .....	3,624
1925 .....	2,976
Total .....	19,545

## V.—MATERNITY AND CHILD WELFARE.

The work of the Public Health Department included under General this heading is, like the school medical inspection and the prevention of tuberculosis, under the immediate direction of an Assistant Medical Officer, who has furnished a record of what has been accomplished during the year 1925, and this is added to the present report as an appendix. This is the fifth consecutive annual report submitted by Dr. Emily H. Shaw in this capacity.

The staff assisting her, whose members devote their whole time to maternity and child welfare work, consists of four health visitors, who are fully trained nurses and midwives, and a clerk. Since the opening of the new Centre, wholly reserved for this work, in Dychurch Lane, in the beginning of the year, the administrative offices of the staff have been removed to that building from scattered quarters at the main Public Health Office and the Tuberculosis Dispensary and this has been a great convenience to all concerned. It admits of more effective supervision as it is separated from other sections of the Department and consolidated into a unit by itself, but at the same time is in such close proximity to the office of the Medical Officer of Health that any tendency to over-decentralisation is checked.

Dr. Shaw's report contains certain details concerning infant mortality, the operations in connection with the Notification of Births Act, the work of infant and maternal welfare in the homes and at the centres both before and after birth, and the supervision of midwives. It also deals with the assisted milk supply, the dental service, and the help rendered by the association of voluntary workers, and includes paragraphs on maternal mortality especially due to puerperal fever and on ophthalmia and diarrhoeal diseases amongst young children, reference to which is made in Section IV. In her record for 1924, Dr. Shaw set out in some detail the duties of each member of the staff and this renders repetition here unnecessary.

Staff and  
Quarters

Report of  
Assistant  
Medical  
Officer



Pre-natal  
Welfare

The routine work of the section has grown more than that of any other in the Department within the last five years, as the Committee and the public are coming to appreciate that its scope must embrace almost everything that influences the health and well-being, and not merely the survival, of the infant and young child, from the earliest beginnings of intra-uterine life, long before actual birth, till the advent of school age. As has been stated time after time in these reports the chief of these influences is the health and well-being of the mother and this is being kept well in mind in all that is done for child welfare. It has been found very difficult, however, to induce expectant mothers to realise the importance of ante-natal welfare, at least to the extent of attending the pre-natal clinics and, in spite of the fact that since the opening of the new central building every facility has been provided there in the matter of accommodation and equipment for special clinics distinct from the ordinary infant welfare centres, the numbers attending do not increase as they should do or as the attendances and consultations do in connection with the post-natal work at the centres. The following figures indicating the attendances at the pre-natal clinics at the Queen Victoria Nursing Institution and the Centre shew this :—

YEAR.	AT NURSES' HOME.		AT PRE- NATAL CENTRE.		TOTALS.	
	CLINICS HELD.	CASES AT- TENDING.	CLINICS HELD.	CASES AT- TENDING.	CLINICS HELD.	CASES AT- TENDING.
1922	19	63	38	35	57	98
1923	15	53	44	106	59	159
1924	20	62	39	141	59	203
1925	9	27	39	150	48	177
Totals	63	205	160	432	223	637

In almost every other direction the work has expanded. More mothers and babies attended regularly at the ordinary welfare centres and the number of medical consultations in regard to the welfare of the children at these centres rose to about the maximum that can be dealt with by a single medical officer. There seems also to be a growing appreciation of the need of dental care to judge from a comparison of the figures given by the dentist in this and previous years. The number of visits at the homes has risen markedly in the last two years, the increase being mainly due to re-visits for the purpose of following up the more needful cases. These home visits, of course, included many to expectant mothers, but this work though necessary and very valuable from the educative aspect is not the same as attendance at the pre-natal clinic, as only such advice as can be tendered by the nurse can be given and no medical examination of possibly abnormal cases can be carried out.

During the last quinquennium, of the 73,554 home visits recorded by the nurses, 2,941 were in relation to expectant mothers—a proportion of nearly four per cent.—but these latter were relatively less numerous in the later than in the earlier years. Yet the need for this care of the mother during pregnancy in order to ensure as far as possible (1) a safe confinement without unnecessary injury or subsequent illhealth to herself, and (2) the live birth of a healthy infant, was never so evident as now. The death of the infant before, at, or during the first month after birth is almost certainly due to maternal conditions. The remarkable decline in infant mortality, consequent to a large extent on the specialised efforts of the last twenty-five years, is found on investigation to have affected almost exclusively those who have survived the first four weeks and there is little change in the death-rate under this age or in the proportion of stillbirths. The maternal mortality associated with child-bearing has also shewn little improvement during this period. This failure to include mortality of the very youngest in the reduction of infant mortality generally is due to the fact that in the past there has been too great a limitation of effort to the improvement of conditions directly affecting the child after birth. The bond between the welfare of the infant and that of the mother is particularly inseparable during those earliest periods of life and the former can only be influenced for good by careful and intelligent supervision of the latter. On this account the slow progress of the pre-natal work is somewhat discouraging. But much educative effort must still be exhibited, not only in regard to public opinion but to the mothers themselves, to obtain a full realisation of the necessity as well as the advantages of this pre-natal care, and it is in such effort that at present the greatest help can be rendered by the workers of the Northampton Maternity and Infant Welfare Voluntary Association.

I have repeatedly in these reports and otherwise referred to the enthusiastic work of these ladies at the centres in maintaining the interest and helping in the instruction of the mothers and even in stimulating the fathers to exhibit an interest which will prove distinctly helpful. Through the efforts of this Association a great deal is being accomplished in the way of rousing public opinion, without the help of which progress cannot be achieved. The acquisition of the Central Building and much of the good use to which it is put is due mainly to the efforts of the Association, and its representation on the Statutory Committee of the Town Council has been of special service particularly when matters of administrative detail come up for consideration. With the help therefore of such a body of voluntary workers, able and willing to influence those concerned in a manner and to an extent which should prove of inestimable assistance to official effort, it is not too much to look forward to an early breakdown of the present apparent reluctance to take advantage of the assistance offered at the pre-natal clinic.

Voluntary  
Assistance



Home  
Visits  
by Staff

In previous reports I have seldom omitted to call attention to what I consider has hitherto been the most important part of the whole scheme of maternity and child welfare work, in spite of the urgency of this pre-natal supervision, viz:—the visitation in the homes. Last year I particularly emphasised this and though I do not intend to refer to it in the same detail now I cannot omit to mention it. This entirely falls on the official worker and forms the very core of the whole effort and from it as the origin the remainder of the scheme was evolved. Dr. Shaw summarises this home visitation in her report as usual and shews that much hard-trying work was in this way accomplished by the health visitors which may easily escape acknowledgment alongside the more prominent operations of the centres, institutions, and clinics.

Manfield  
Ortho-  
pædic  
Hospital

Reference has been made elsewhere in this report to the Manfield Orthopædic Hospital and little further need be said here. By an arrangement with the Town Council, with the approval of the Ministry of Health, this institution is being brought into the scheme of maternity and child welfare as a means of dealing with cases of infantile paralysis, rickets, and other crippling conditions, congenital or acquired, occurring amongst young children of pre-school age. Conditions due to tuberculosis amongst such will be passed on to the section of the Public Health Department dealing with tuberculosis and through this may obtain treatment at this institution, while orthopædic cases not tuberculous, if necessary and suitable, will be recommended by Dr. Shaw. At the end of the year to which the present report relates, however, definite arrangements were still incomplete and further reference is therefore postponed.

VI.—HOUSING.

Housing  
Schemes

A special committee of the Council is in charge of the work of municipal housing and its energies must compare favourably with those of similar committees in most of the great towns. In spite of this, however, it seems impossible to keep pace with housing needs. Many instances occur where present dwelling-houses are in such a condition that closure and demolition should be resorted to at once were it not for the impossibility of housing the displaced tenants. In other houses considerable overcrowding exists, which could be remedied if other dwellings were available. As an example of the work accomplished, the Borough Engineer has supplied me with the following particulars shewing the progress under the municipal housing schemes:—

Number of houses completed between 1st January and 31st December, 1925, under the Corporation schemes .....	244
Number of these built within the Borough boundary	175
Total number of houses erected both within and without the Borough up to 31st December, 1925	1,138

Comparison with similar figures in former reports will shew that there is no "slacking" in this work.

In addition to the above, the following is a summary of the erections of new, or extensions of old, buildings during the year, plans for which had been approved by the Highways Committee :—	Other New Buildings
New dwellinghouses and villas .....	199
New houses and shops .....	2
New factories .....	2
New garages .....	22
New workshops .....	5
New shop fronts .....	20
New water closets, etc. ....	16
Factory extensions .....	9
Hospital extensions .....	4
Temporary licensed buildings .....	36
Alterations and additions to houses .....	22

I am informed that 152 of the above 199 new dwelling-houses were erected with the aid of the Government subsidy.

As I have stated above, in spite of the increased activity of the Housing Department, little tangible progress has been made towards meeting the needs of the community and it is still impossible for the Health Department to deal adequately with houses unfit for human habitation by closure and demolition, as re-housing of the dispossessed tenants on a sufficient scale is still impossible, consequently the Medical Officer of Health has refrained from representing and the Committee from dealing with even such houses as he represents in the only really satisfactory manner.

In Tables 13 and 14 the usual continuation of the conditions of houses represented in the past up to the end of the year 1925 will be found. The extreme difficulty of getting closing orders made effective has been stated in the previous paragraph and the action of the Department, the Committee, and the Council in dealing with these houses is reflected in the information conveyed by the tables. Property, therefore, which in ordinary circumstances would have been unhesitatingly condemned as unfit for habitation, was subjected to attempts at improvement through the agency of the Public Health Acts. Even where representation was the only course possible, closing and demolition orders were either withheld or their operation postponed in many instances, and thus those remarks in the tables which may be considered unsatisfactory from the point of view of progress are accounted for.

In the quinquennial period 1921–1925, 124 houses were represented by the Medical Officer of Health in accordance with the terms of Section 17 of the Housing, Town Planning, &c. Act, 1909, or Section 11 of the Housing Act, 1925. Closing orders were made on sixty-six of these. In the case of the remaining fifty-eight it was thought, under the existing housing conditions, that closing orders should not be immediately imposed, but that



in most attempts should be made to improve matters through the medium of the Public Health Acts. In thirty-five this procedure was followed and some improvement resulted, although the houses have not been put in all respects fit for human habitation. In one case the worst of the defects were remedied by the action of the landlord without notice. Eighteen houses, which formed part of an unhealthy area represented in 1922 (Report for 1922, page 30) but not dealt with as such, were also improved in condition as the result of notices under the Public Health Acts. In the case of four the consideration of making closing orders stands adjourned.

Of the sixty-six houses on which closing orders were made, twenty-nine were still in occupation at the end of the period, no further action having been taken by the Committee. Fourteen of them not occupied remained *in statu quo*. Three were used for trading purposes without alteration; five were converted into stores, etc.; one was practically demolished and eleven quite demolished. In only three, therefore, that remained were demolition orders made and these three have since been demolished. The above information is a summary, the details of which will be found in the several housing tables appended to the annual report for each of the years concerned.

Housing,  
Town  
Planning,  
&c. Act,  
1919

Under Section 28 of this Act, three houses were dealt with. These are mentioned below and brief notes are appended on the progress made by the end of the year with the work deemed necessary :—

CROMWELL STREET, NO. 22. This house was brought to the notice of the Department through the occurrence of a case of smallpox. Notice was served on the owner in the beginning of May requiring considerable repairs, but by the middle of July such had not been completed. The Council then resolved to do the work and recover the cost and immediately after the owner consented to do the work. Some delay resulted during which the tenants were ejected, but eventually the work required was carried out, though not until after the end of the year.

EAST STREET, NOS. 28 AND 30. In these cases the owner failed to carry out the works required by the notices and just before the end of the year the Council decided to do the work itself, recovering the costs. The work was completed early in 1926 and the costs recovered.

Apart from these three houses, the only others dealt with under this section during the five-yearly period were eight in 1923, and all the work has been done except to one house in High Street. Notices were served on the owner of Nos. 48, 50, and 52, High Street in 1923, and in last year's report it was stated that the work in connection with the second of the houses (No. 52) was in hand. This was completed during 1925, but no

progress was made in connection with No. 48 and at the end of the year this was *in statu quo*, though uninhabited and boarded up. In December the Committee “decided to take no action in the matter.”

Owing to the fact that there was no serious outbreak of infectious disease such as occurred in 1924, the time at the disposal of the staff for house-to-house inspection was greater in 1925, and 441 dwellings were visited in this way. Public Health Acts

Forty-eight houses, or parts of houses, were certified by the Medical Officer of Health under the terms of Section 46 of the Public Health Act, 1875, as being in such a filthy or unwholesome condition that the health of the occupants was affected or endangered thereby, and that the cleansing and whitewashing were urgently required, or that the cleansing or whitewashing would tend to prevent the spread of infectious disease. In each of these the work specified on the notice was carried out and it was unnecessary to take any legal proceedings. During the five-yearly period 1921–1925, 127 houses were dealt with in this way, although it was occasionally necessary to prosecute defaulting owners before the work required was done.

Apart from legal proceedings under the Sale of Food and Drugs Acts already detailed in the paragraph dealing with this subject, it was necessary to take legal action in one case for failing to comply with notices under Sections 41 and 94 of the Public Health Act, 1875, in regard to one house and under Section 94 alone of this Act for three dwellinghouses, all owned by the same man. The cases were adjourned for a fortnight and the work was eventually completed. Prosecutions

In addition, the Town Clerk prosecuted certain joint owners for permitting two houses in connection with which closing orders had become operative to continue being occupied. Each owner was fined, but in spite of this the houses still remain occupied.

Table E. summarises, in the prescribed form, the work done by the inspectors under the Factory and Workshop Act, 1901. Factories and Workshops

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*See Appendix III. (page 63) for the usual statistical tables.*



## APPENDIX I.

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## REPORT OF THE CLINICAL TUBERCULOSIS OFFICER FOR THE YEAR 1925.

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TUBERCULOSIS DISPENSARY,  
MAY, 1926.

*To the Medical Officer of Health and Chief Tuberculosis Officer.*

SIR,

I beg herewith to submit my report on the working of the anti-tuberculosis scheme in the County Borough of Northampton for the year 1925. The report follows the lines of recent years, no extension of the existing scheme having been attempted.

Your obedient Servant,

STEPHEN ROWLAND.

**Notification**      The number of new cases of tuberculosis within the Borough notified to the Medical Officer of Health during 1925 was one hundred and forty-one, being a slight increase on the figure for the previous year, this increase being confined to the surgical form of the disease. I do not think it would be wise to assume from these figures that there has been a sudden increase in non-pulmonary tuberculosis ; there is another and a more satisfactory explanation, viz., the opening of the Manfield Orthopædic Hospital has brought to light cases which were not previously known to the Department. Table T1 gives the classification in detail of the new cases.

**Deaths**              The number of deaths registered from pulmonary tuberculosis was seventy-seven, including eight not previously notified, and the deaths registered from non-pulmonary tuberculosis numbered twenty-one, including twelve not previously notified, making a total of ninety-eight compared with one hundred and three during the previous year.

The death-rate from pulmonary tuberculosis was 0·82 per thousand of the population and for the non-pulmonary form it was 0·22 giving a total tuberculosis rate of 1·04, the lowest ever recorded for the Borough.

Though this rate is a low one for an industrial area I have little hesitation in saying it is an easy matter to pick out of the registered deaths from tuberculosis enough cases, where death was almost certainly due to some other disease, to bring the total tuberculosis death-rate to below 1·00 per thousand. May I quote one or two examples ?

1.—A woman of forty-four years certified as having died from “Pott’s Disease—forty years, Chronic Bronchitis and Chronic Gastritis—many years.” On investigating this case (which by the way was not notified during life) it was found the woman had been able to work in a silk mill for twenty years and was only confined to bed one day. I think it is too much to ask one to believe that Pott’s disease of forty years duration had anything to do with the cause of death.

2.—Again, a man complained of ‘sore throat’ and not feeling well. No cough or sputum. He was ill for a few days and was found dead in bed. This case does not seem to answer to my conceptions of pulmonary tuberculosis. Of course he figures in the list of deaths of cases not previously notified.

3.—A woman aged fifty-six years was notified as suffering from tubercular arthritis (knee joint) and tuberculosis of the lungs. I had the opportunity of examining this case several times but I could see none of the classic signs of tubercular arthritis, nor could I find any signs of tuberculosis of the lungs. The sputum was examined and no tubercle bacilli found.

4.—A child aged fourteen months was notified as suffering from tubercular meningitis, and death was certified as due to the same. When I examined the child during life I found no signs of meningitis; it was certainly suffering from whooping cough with convulsions and, in my opinion, whooping cough was the cause of death.

5.—A young woman was notified as suffering from pulmonary tuberculosis in 1912. I examined her several times during 1919 when she was in regular work and there were no signs of tuberculosis in the lungs. We have kept in touch with her ever since, through the visiting nurse of the Department, and she was always found to be very well; in fact she was so well she resented the nurse’s visits. Death was certified as due to “Chronic Phthisis—Acute Bronchitis.”

6.—A man aged sixty-two years was certified as having died from tubercular arthritis, but was not notified during life. On investigating the death it was found the old man had suffered from rheumatism and rheumatoid arthritis for some years, in fact he had been drawing a pension for these conditions, and had been an in-patient at the General Hospital. He had been examined by many medical men during life but tuberculosis was never suggested until it came to giving a death certificate.

I have already mentioned sufficient cases where, in my opinion, death was not due to tuberculosis to bring the total tuberculosis death-rate down to less than 1·00 per thousand, but this list does not include all the case of a similar nature.



The continued fall in the tuberculosis death-rate would tend to shew that the disease is on the decline, due rather to preventive measures than to any known method of cure. None of the so-called cures have so far proved successful when applied to man, whatever the results may have appeared to be when the method was tested on laboratory animals. Tuberculins of various kinds and sanocrysin have all proved to be disappointments when put to the critical test. At present the tendency is to boom rays from the violet end of the spectrum, and time alone will shew if that method will fulfil expectations or will be discarded like so many others.

In my last report it was stated that death from phthisis is rare in children of school age. During 1925 there were two deaths registered as having occurred in school children. One aged sixteen years had had a positive sputum for two years and a bad family history. The other case, aged eleven years, I never saw nor have I any record of a post-mortem examination or a positive sputum, and she was not notified during life, always a suspicious circumstance.

#### Conjugal Infection

A communication was made in my 1923 report as to the prevalence of marital infection and the opinion was expressed that it was of rare occurrence. After investigating all the phthisis deaths which occurred during the year it is found that only one case had previously lost a partner from that disease. It is my opinion contact infection of adults rarely occurs and the most important factor in the onset of pulmonary tuberculosis, after the presence of the tubercle bacillus, is the tubercular diathesis or the suitability of the soil for the seed. Tuberculosis is a family disease to a great extent. If we are to accept the teaching of Calmette and his school, nearly ninety per cent. of the population in all towns is infected with the tubercle bacillus by the time school is left; nevertheless only a small proportion of these infected ones afterwards develop clinical tuberculosis, and it is frequently seen that two or three members of the same family succumb to it under conditions where it is almost impossible for them to have infected each other.

A family where the father and mother are healthy had four sons notified as suffering from phthisis, all having tubercle bacilli in the sputum. Three of these young men died within a few months of each other, but they could not possibly have infected each other as they were in different parts of the country when they broke down with the disease. Another family had four sons and daughters suffering from phthisis, three being now dead, and again it was not possible for them to have infected each other.

The frequency with which I find two or more members of one family, brothers and sisters or brothers or sisters, dying from phthisis causes me to favour the theory of diathesis rather than that of contact infection.

A very important advance in the treatment of surgical tuberculosis was the opening of the Manfield Orthopædic Hospital during 1925. For many years the only provision for the treatment of surgical tuberculosis cases was made by the Northampton Crippled Children's Fund, which did very valuable work under very cramped conditions. Most of the cases had to be treated at home with spells in the General Hospital, but as these cases always require prolonged treatment, often extending over years, it was not possible to retain them long enough in the Hospital occupying beds that were required for more urgent cases. This difficulty has now been overcome by the opening of the Manfield Hospital, where the Borough Council has arranged (if the Ministry of Health will give its approval) to retain twelve beds for the treatment of surgical cases. It may be said in passing that surgical tuberculosis differs to some extent from the pulmonary form in that the former has in many cases a greater tendency to cure than the pulmonary and also lends itself more readily to surgical treatment. Many cases of tubercular arthritis, or tuberculosis of bones, tend to heal after years of activity leaving the patient crippled for life. If such cases can be secured early, before the crippling stage, and retained in Hospital in appropriate appliances, many will be found to become useful members of society.

Surgical  
Tuber-  
culosis

During 1923 five Borough ex-service men were admitted to training courses under the auspices of the Ministry of Pensions. It may be of some interest to know that none of these men are able to maintain themselves and their families at the trades in which they were trained, and on my latest inquiries it was found that only one of them was attempting to do so. It cannot be said the training of ex-service men was a success.

Vocational  
Training

At the end of 1924 the Ministry of Health issued instructions for the deletion from the register of cases no longer considered by the Tuberculosis Officer and the patient's private medical adviser, after consultation, to be suffering from tuberculosis. The deletions were divided into two groups, viz.:

Deletion  
of Cases  
from  
Register

(a) Those in whom the diagnosis of tuberculosis was agreed not to be established, and

(b) Those who had attained a condition which might be regarded as cured.

A total of one hundred and eighty-eight were deleted including both pulmonary and non-pulmonary forms of the disease. Of this number one hundred and thirteen come under (a) and seventy-five under (b).

The following is a short resumé of the work accomplished by, and in connection with, the Tuberculosis Section.

Anti-tuber-  
culosis  
Measures



Tuber-  
culosis  
Dispensary

# ATTENDANCES :—

Total number of attendances of patients, etc. ... 1,411

Number of patients, etc., attending :—

Males ..... 359

Females ..... 239

——Total ... 598

The above numbers include fifty-one examinations of “contacts” and one hundred and twelve examinations of persons for diagnosis at the request of general practitioners. Three “contacts” and twelve “diagnosis” cases were subsequently notified.

The average number of attendances per patient was 2.36.

In addition to examinations at the Dispensary the Tuberculosis Officer made three hundred and eighty-five visits to the homes of patients, either at the request or with the permission of general practitioners.

The following is the number of visits made by the nurse from the Dispensary during the period :—

Number of investigations after notification in the case of :—

Pulmonary tuberculosis..... 100

Other forms of tuberculosis ..... 32

Deaths from tuberculosis ..... 20

—— 152

Re-visits, etc. .... 1,570

Total ..... 1,722

The following is a summary of the work done at the bacteriological laboratory attached to the Dispensary :—

SPUTUM, URINE, ETC. EXAMINED.			
NUMBER OF SUSPECTED CASES.	REPORTS MADE.		
	POSITIVE.	NEGATIVE.	TOTAL.
416	177	385	562

Welford  
Road  
Tuber-  
culosis  
Hospital

The following is the number of cases dealt with at this Hospital during 1925 :—

	MALES.	FEMALES.	TOTAL.
Number remaining at end of 1924	9	7	16
Number admitted during 1925	36	24	60
Number discharged during 1925	31	21	52
Number died during 1925 .....	2	5	7
Number remaining at end of 1925	12	5	17

Of the sixty cases admitted, forty-one were insured persons. Forty-seven were admitted for isolation and thirteen for observation.

## Condition on discharge :—

Apparent Arrest .....	4
Improved .....	18
<i>In Statu Quo</i> .....	12
Declining .....	7
Not Tuberculosis .....	11

The following is a summary of the Northampton cases dealt Sanatoria with in sanatoria during 1925 :—

	MALES.	FEMALES.	TOTAL.
Number remaining at end of 1924	10	1	11
Number admitted during 1925	26	12	38
Number discharged during 1925	23	5	28
Number remaining at end of 1925	13	8	21

Of the thirty-eight cases admitted, twenty-three were insured persons.

In the treatment of the above the following sanatoria were made use of :—

Northamptonshire Sanatorium, Creaton ;  
 Fairlight Sanatorium, Hastings ;  
 Royal Sea-Bathing Hospital, Margate ;  
 Heatherwood Hospital, Ascot ;  
 Lord Mayor Treloar's Hospital, Alton ; and  
 Manfield Orthopædic Hospital, Northampton.

In addition, one went privately to the Brompton Hospital, London ; four to the Royal National Hospital, Ventnor ; one to the Hahnemann Convalescent Home, Bournemouth ; and one to the King Edward VII. Sanatorium, Midhurst.

On discharge a report is sent from the sanatorium authorities in respect of each patient, giving certain information of the condition at the time of leaving.

The following are the immediate results of treatment amongst cases which left sanatoria during the year 1925 :—

	NUMBER.	PER CENT.	
Disease reported to be :—			
Arrested .....	9	32·0	} 68·0 per cent.
Improved .....	10	36·0	
Not Improved .....	9	32·0	
Totals .....	28	100·0	



TABLE T1. NORTHAMPTON, 1925.  
TUBERCULOSIS. CLASSIFICATION OF NEW CASES.

CLASSIFICATION.	NOTIFIED CASES.			DEATHS OF CASES NOT NOTIFIED.		
	M.	F.	TOTAL.	M.	F.	TOTAL.
Pulmonary :—						
Lung and Pleura .....	61	45	106	5	3	8
Larynx .....	2	1	3	—	—	—
	63	46	109*	5	3	8*
Meninges and Brain .....	—	5	5	3	—	3
Peritoneum and Intestines ...	1	2	3	—	2	2
Spinal Column .....	5	4	9	2	1	3
Joints .....	7	5	12	1	1	2
Cervical Glands .....	—	2	2	—	—	—
Other Organs .....	1	—	1	1	1	2
Totals .....	77	64	141	12	8	20

\*A total of 117 fresh instances of pulmonary tuberculosis.

TABLE T2. NORTHAMPTON, 1925.  
PULMONARY TUBERCULOSIS INVESTIGATIONS. DURATION OF ILLNESS.

PERIOD.	Cases Notified.	Deaths Registered of Cases not previously notified.	Total.
Under 6 months .....	46	4	50
Over 6 months and under 1 year	27	1	28
Over 1 year and under 2 years ...	12	—	12
Over 2 years and under 3 years ...	4	—	4
Over 3 years and under 4 years ...	3	—	3
Over 4 years and under 5 years ...	3	—	3
Over 5 years .....	7	—	7
Unascertained .....	5	3	8
Not Tuberculosis .....	2	—	2
Totals .....	109	8	117

TABLE T3. NORTHAMPTON, 1925.

PULMONARY TUBERCULOSIS INVESTIGATIONS. SEX AND STATE.

	MALES.	FEMALES.	TOTAL.
Single .....	26	28	54
Married .....	35	17	52
Widowed .....	2	3	5
Unascertained .....	3	1	4
Not Tuberculosis .....	2	—	2
Totals .....	68	49	117

TABLE T4. NORTHAMPTON, 1925.

PULMONARY TUBERCULOSIS INVESTIGATIONS. DEGREE OF HOME ISOLATION FOUND.

	MALES.	FEMALES.	TOTAL.
Number having separate Bedrooms	26	21	47
Number having separate Beds (only)	6	5	11
Number having no Isolation .....	30	17	47
Number in Institutions .....	4	3	7
Unascertained .....	—	3	3
Not Tuberculosis .....	2	—	2
Totals .....	68	49	117



TABLE T5. NORTHAMPTON, 1925.

TUBERCULOSIS DEATHS. PERIOD ELAPSING BETWEEN NOTIFICATION  
AND DEATH.

PERIOD BETWEEN NOTIFICATION AND DEATH.	MALES.	FEMALES.	TOTAL.
(1) PULMONARY TUBERCULOSIS :—			
Not notified .....	5	3	8
Notified after death .....	—	—	—
One month .....	3	2	5
1—6 months .....	10	7	17
6—12 months .....	6	6	12
12—18 months .....	1	2	3
18—24 months .....	5	2	7
24—36 months .....	6	6	12
3 years and over .....	7	6	13
Totals .....	43	34	77
(2) TUBERCULOSIS OTHER THAN PULMONARY :—			
Not notified .....	7	5	12
Notified after death .....	—	—	—
One month .....	—	5	5
1—6 months .....	—	—	—
6—12 months .....	—	—	—
12—18 months .....	—	1	1
18—24 months .....	—	—	—
24—36 months .....	1	—	1
3 years and over .....	1	1	2
Totals .....	9	12	21

TABLE T6. NORTHAMPTON, 1925.

## PULMONARY TUBERCULOSIS. OCCUPATIONAL INCIDENCE AND MORTALITY.

OCCUPATION	New Cases	Deaths Registered	OCCUPATION	New Cases	Deaths Registered
Shoe Operatives :—					
(a) Clicker .....	4	6	Housewife .....	12	9
(b) Laster .....	8	5	Labourer .....	6	3
(c) Finisher .....	2	1	Last Maker .....	1	—
(d) Roughstuff and Pressman .....	2	1	Leather Dresser .....	—	1
(e) Warehouse and General .....	7	9	Lecturer .....	1	—
(f) Female Worker	14	13	Market Gardener ...	1	1
	37	35	Meat Salesman .....	1	2
			Motor Driver .....	1	—
Actor .....	1	1	Moulder .....	1	—
Blouse Machinist ...	1	—	Newspaper Sub-Editor .....	1	—
Book Binder .....	1	—	Painter .....	2	—
Book Canvasser .....	1	—	Plasterer .....	1	—
Box Maker .....	1	1	Porter .....	1	1
Brewer .....	1	—	Printer .....	1	—
Bricklayer .....	1	—	Schoolchild .....	6	2
Caretaker .....	1	—	Shop Assistant .....	—	3
Carpenter and Joiner	2	—	Storekeeper .....	1	1
Carter .....	1	1	Student .....	1	1
Clerk .....	6	5	Tailor .....	2	—
Domestic Servant ...	5	1	Theatre Attendant ...	1	—
Electrician .....	—	1	Ticket Collector .....	—	1
Engineer .....	3	—	Tile Fitter .....	1	—
French Polisher .....	1	—	Upholstress .....	1	—
Fruiterer .....	1	1	Warehouseman .....	1	—
Gold Stamper .....	1	—	Wood Machinist .....	—	1
Hairdresser .....	2	2	No Occupation .....	2	3
Housekeeper .....	2	—	Not Tuberculosis ...	2	—
			Totals .....	117	77

*See also remarks of Medical Officer of Health on page 31 et seq.*



## APPENDIX II.

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### REPORT OF THE ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE, FOR THE YEAR 1925.

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*To the Medical Officer of Health.*

SIR,

Herewith I present to you my report for the year 1925 on the maternity and child welfare work in the Borough with the usual statistical tables appended.

Your obedient Servant,

EMILY H. SHAW.

INFANT WELFARE CENTRE,  
DYCHURCH LANE,  
MAY, 1926.

#### General Arrange- ments

During the year 1925 there was no alteration in the constitution of the staff which consists of the Assistant Medical Officer of Health, four health visitors, and a clerk engaged entirely on work connected with maternity and child welfare. There has been one change in the personnel, *i.e.*, Miss Bingle resigned the post of Health Visitor in October and Miss Blythe Brown was appointed in November to fill the vacancy thus caused.

In January, 1925, the new Central Building in Dychurch Lane was opened and during this month the staff was transferred from the Public Health Office and the Tuberculosis Dispensary to rooms on the first floor of this building.

#### Infant Mortality

It is with regret that I have to report an infant mortality of 66.6 for 1925. This, although eight below that of England and Wales, is fifteen above that recorded for the Borough for 1924, and is the highest since 1920. The total number of children who died before reaching one year of age was ninety-eight. Of these, one was born in the County, lived there for one month, then removed to the Town and died at the age of two months; another was born in India, arrived in England on November 5th, came to Northampton on the 6th, and died the next day at the age of eight and a half months.

As usual the greatest number of infant deaths is attributed to prematurity (*see* Table M. & C.W. 1). This figure shews an increase of seven on the numbers for 1924. In 1924 the health visitors visited fifty-seven live, premature babies. Of these, twenty-six (45.6 per cent.) died, twenty from prematurity and inanition, and six who were born before their time succumbed

to some disease. In 1925 the health visitors visited fifty-one live, premature babies. Thirty-five (68·6 per cent.) of these died, twenty-seven as a direct result of their prematurity, and five of conditions frequently associated with prematurity, *i.e.*, (1) atelectasis pulmonum, lived one day; (2) general debility, lived two days; (3) convulsions and inanition, lived two weeks; (4) marasmus, lived five weeks; (5) congenital specific disease, lived two months. The remaining three were never very strong but managed to survive till a few months old when one, aged five months, died of tuberculous meningitis, and two, aged eight months and ten months respectively, died of pneumonia. Thus of a total of fifty-one premature babies, thirty-five died. Eighteen (sixteen full-term and two premature) babies died of pneumonia and fifteen of atrophy, debility, and marasmus, the latter due, most probably, to immaturity of the child who need not necessarily have been born prematurely. Five died from whooping cough and it is interesting to note that four babies who died were born with spina bifida. (Table M. & C.W. 2 shews the deaths from groups of diseases.)

Of the ninety-eight who died during the year, forty-nine died under four weeks—thirty-six under two weeks and thirteen between two and four weeks. Of the thirty-six who died under two weeks, fifteen were first babies, twenty-one boys and fifteen girls. Twenty-eight were prematurely born babies, five were forceps deliveries, and four were twins. Of the thirteen who died between two and four weeks, seven were boys and six girls, four were premature, two were instrumental deliveries, and two were twins. Of the forty-nine who died between four weeks and one year, thirty were boys and nineteen girls, fourteen first babies, eight premature, ten instrumental deliveries, and two twins.

It is very disappointing to note that there is an increase in the number of babies who died under the age of one month, that is to say in those babies whose survival depends on the pre-natal condition of the mother together with the management of the mother and the infant at the time of parturition and during the puerperium. There only appears to have been one death attributed to congenital syphilis.

In 1925, 1,471 births were registered; 1,483 live births and forty stillbirths were notified, that is to say that a total of 1,523 births were notified (*see* Table M. & C.W. 3). Table M. & C.W. 4 shews the sources of notification.

The health visitors investigated 1,350 births, thirty-eight of which were not notified (*see* Table M. & C.W. 5). Two hundred and eleven notified and six non-notified births were not visited by the health visitors. These either occurred in houses of a type not visited by them or the mothers were resident in the County and came to the Maternity Home for their confinements after which they returned to their own homes. Twenty pregnancies resulted in twins, so that the 1,350 births visited represented 1,330 separate confinements. 411 live and nine stillborn were

Notification  
of Births



the children of primiparæ. Fifty-nine babies were born prematurely, nineteen first (eighteen live and one stillborn). Forty were the children of multiparæ (thirty-three live born and seven stillborn). This number (fifty-nine) includes three sets of twins.

Forty stillbirths were notified. Of these, twenty-six were visited by the health visitors. Nine occurred in primiparæ; in two cases no cause could be discovered, in one the cord was prolapsed, one was a complicated breech, and five were difficult instrumental deliveries. Seventeen occurred in multiparæ; in six no cause could be discovered (two of these were premature) and the previous confinements in all these cases had been normal. There were two cases of ante-partum hæmorrhage one of whom had had nine normal confinements previously and the other had one normal confinement resulting in twins and five previous stillbirths. Five mothers attributed the stillbirth to a fall or shock, one had had six live babies and three had stillborn, and the fifth four normal confinements, one stillbirth, and one premature. One who had had seven live births and three miscarriages was suffering from a growth in the neck of the uterus, in one case the cord was prolapsed, another had one live twin the second being macerated and stillborn. The seventeenth case was a difficult instrumental delivery. These last three had had normal confinements previously.

#### Home Visitation

##### Visits to Expectant Mothers:—

First Visits .....	250
Total Visits .....	691

##### Visits to Infants under One Year:—

First Visits .....	1,310
Second Visits .....	7,807

##### Visits to Children from One to Five Years of Age:—

Total Visits .....	9,511
--------------------	-------

The total number of visits paid by the health visitors was 19,428. This includes those enumerated above and visits to houses where stillbirths had occurred, where a baby under one year of age had died, and all notified cases of puerperal fever, ophthalmia neonatorum, pneumonia, etc., in women and children.

#### Central Building

During 1924 the Committee acquired the use of an old Mission Schoolroom in Dychurch Lane and converted it into a centre for maternity and child welfare work. The ground floor now consists of a garage for perambulators, a central hall capable of seating about one hundred people, a toddlers' room, weighing room, consulting room, kitchen, boiler house, and lavatories. On the first floor are the offices of the Assistant Medical Officer, the health visitors, and the clerk. Work was commenced here in January, 1925, when the official staff took possession of the offices and the centres from King Street and the Hull Memorial Buildings were transferred to the ground floor rooms. On the 13th March, 1925, the building was officially opened by the Mayoress of Northampton, Mrs. H. W. Dover, M.B.E.

Table M. & C.W. 6 gives the number of attendances and consultations at the eight centres in the Town including the two held at the Central Building. These figures shew a slight increase all round. Last year the total average attendance of mothers was 319, of babies and toddlers 376, and consultations 271. This year the corresponding figures are 327, 391, and 310. The number of consultations, an average of about thirty-nine per session (varying from thirty to forty-eight) can hardly be increased beyond that figure with any advantage to the mothers or babies. To interview and advise the mother and examine all the new and a certain number of the old cases at an average rate of two and a half to four and a half minutes each, including the time (sometimes considerable) taken for the mothers to come in and leave the consulting room, is about as much as any medical officer can attempt with any hope of helping the mother or with any credit to herself. It appears to be impossible to prolong the sessions as the mothers cannot get to the centres before 2.30 and most of them have to leave at about 4.30 in order to prepare tea for husbands and school children. The ladies of the Northampton Maternity and Infant Welfare Voluntary Association continue to render great help by their attention to the social side of the work. During the year they have organised and carried through classes in cooking and sewing most successfully.

Twenty-six midwives notified their intention to practise during the year ; eight of them were attached to the Queen Victoria Nursing Institution at different times and four to the Poor Law Institution. There are still three bona-fide midwives taking cases. Sixty-two routine visits of inspection and eighteen special visits have been paid by the Assistant Medical Officer, who is also Inspector of Midwives.

The Queen Victoria nurses have attended over five hundred cases including those admitted into the Maternity Home. Three midwives practising independently have attended over one hundred, four have attended between twenty-five and one hundred, six under twenty-five, and one had no cases at all. Midwives have attended in all 1,209 cases ; of these 695 required no medical assistance, in 152 cases doctors were sent for by the midwife, and in 362 the doctor as well as the midwife was engaged by the patient. Table M. & C. W. 7 summarises the notifications received from midwives.

One hundred and eighty-six patients were admitted to the Colwyn Road Maternity Home during 1925. No patients were admitted to Rosslyn House. The average length of stay of the patients in the Home was fourteen and a half days. Twelve visits of inspection were paid by the Assistant Medical Officer to the Home and on each occasion everything was found to be satisfactory.



### Pre-natal Work

This part of the work grows very slowly. It is exceedingly difficult to educate the mother up to realising the importance of caring for her own health during pregnancy. The Superintendent of the Queen Victoria Nursing Institution arranged for only nine pre-natal sessions to be held by the Assistant Medical Officer during the year. Twenty-seven patients who had engaged the Queen's nurses to attend them at their confinements were interviewed and examined. I understand that clinics are arranged for doctors practising in the Town to examine their own patients pre-natally at the Institution, but I have no official information on this point. Thirty-nine sessions were held at the Central Building, and these were attended by one hundred and fifty patients. In many of the cases doctors and midwives were communicated with regarding the patients' condition.

### Dental Treatment

This continues as before. Pregnant and nursing mothers and children under school age are treated on the recommendation of the Assistant Medical Officer by the School Dental Officer at the School Clinic on one or two evenings each week. Payment may be made at the Clinic at the time of treatment or by instalments at the various centres, if the mother is attached to one of these, or at the Central Building Offices if she does not attend any centre.

During the year the cost of material was about £33 and bills amounting to about £48 have been sent to twenty-two patients. Just under £52 has been collected from these and from those who had accounts outstanding at the end of the previous year. In Table M. & C.W. 8 the numbers dealt with and the forms of treatment given are set out.

### Free Milk

The Milk Sub-committee of the Maternity and Child Welfare Statutory Committee sits each week to consider applications for free milk for pregnant and nursing mothers and children under one year of age. If the income of the family is below a certain scale (the income is ascertained from replies to inquiries made of employers, the Guardians, the Unemployment Bureau, etc.) one pint of milk is allowed daily for one month or two pints in the case of twins or of a mother who is six months pregnant and has a baby under one year of age. At the end of the month, if the milk is still wanted, a fresh application form has to be sent in and further inquiries have to be made of employers, etc. All applicants are known personally to the health visitors and the utmost care is taken to prevent ineligible people from obtaining this assistance, but in spite of the care exercised insinuations are made that milk is given to people who are not eligible. No definite case has ever been brought to the notice of the Assistant Medical Officer and consequently it has been impossible to investigate the cases further and stop the abuse of this assistance, if there is any. There has been no change in the scale of income below which milk is allowed since it was fixed in June, 1921. The

question of reducing it has been discussed every three months but the Committee has always considered that circumstances have not changed sufficiently to justify any decrease. 30,995 pints of milk were supplied under contract with local firms at a cost of about £425. 1,108 applications were considered by the Committee, of which 1,013, including 207 renewals, were granted. Ninety-five were refused.

“Cow and Gate” dried milk is sold at cost price at the Central Building Offices on the recommendation of the Assistant Medical Officer. In ordinary circumstances this milk is only allowed until the baby is one year old and is not allowed to women in receipt of free milk. 7,206 pounds were sold to 226 separate customers during the year. This represents a weight of over three tons at a cost of £540, all of which was refunded by the mothers.

Nine cases of puerperal fever were notified during the year ; Puerperal  
Fever  
five of these belonging to the Borough and four to outside the Town. Seven were treated at the General Hospital, all these recovered. Two, one of whom died, were treated at home. Three cases in all terminated fatally, one as stated above and two of Northampton residents occurring outside the Town, one of these was a case notified in the Borough at the end of 1924. Two other non-notified cases died in institutions in the Town, but these were not local residents. Six of the notified cases were patients of doctors and three of midwives.

Six other women died of conditions associated with pregnancy ; two of peritonitis following ruptured ectopic gestation, three of septic conditions following abortions (one of these had a pulmonary embolus), and one patient died of ante-partum eclampsia. This last case was an unmarried girl who was examined at the pre-natal clinic and advised to consult her doctor, she was also told to bring a specimen of her urine for examination. None of this advice did she follow. She was taken suddenly ill with eclampsia when about eight and a half months pregnant and was immediately removed to the General Hospital. She died in about five hours—before the baby was born—without recovering consciousness.

Eleven cases of ophthalmia were notified. In only one case Ophthalmia  
Neon-  
torum  
was a bacteriological examination made and the result of this was negative. Nine were patients of midwives and two of doctors. Eight were boys and three girls. Three cases occurred during the first week of life, seven during the second week, and one on the twenty-first day. Only one was treated as an out-patient at the General Hospital. The others were looked after by general medical practitioners at home. In all the cases except one the eyes cleared up quite satisfactorily. This child was steadily improving when the family left the Town and all trace of them was lost. In no case was there any definite evidence of specific disease of the mother, although in four there was some history of vaginal discharge.



Diarrhoea  
and  
Enteritis

There were eight fatal cases of diarrhoea and enteritis in children under the age of one year during 1925. No cases occurred between the age of one and two years. The death-rate per thousand living is 0.08 and 5.4 per thousand births. In 1924 only four children under two years of age died of diarrhoea and enteritis.

TABLE M. & C.W. 1. NORTHAMPTON, 1921-1925.

INFANT MORTALITY. CAUSES OF DEATH.

CAUSES OF DEATH.	1921	1922	1923	1924	1925
Atrophy, Debility, and Marasmus	23	13	10	14	15
Convulsions .....	6	3	3	4	2
Bronchitis and Pneumonia .....	19	18	14	15	18
Whooping Cough .....	2	1	—	5	5
Measles .....	—	1	2	1	3
Premature Birth .....	37	22	37	20	27
Diarrhoea, Enteritis, and Gastritis	15	6	11	5	8
All Other Causes .....	22	22	18	16	20
TOTAL DEATHS .....	124	86	95	80	98
TOTAL BIRTHS .....	1881	1646	1662	1534	1471
INFANT MORTALITY .....	65.9	52.2	57.2	52.1	66.6

TABLE M. & C.W. 2. NORTHAMPTON, 1925.

INFANT MORTALITY. DEATHS FROM CERTAIN GROUPS OF DISEASES.

	Number.	Proportion per cent.
Common Infections .....	8	8.2
Diarrhoeal Diseases .....	8	8.2
Premature Birth .....	27	27.5
Wasting Diseases .....	15	15.3
Tuberculous Diseases .....	1	1.0
All Other Causes .....	39	39.8
Totals .....	98	100.0

TABLE M. &amp; C.W. 3. NORTHAMPTON, 1925.

COMPARISON BETWEEN THE NUMBER OF BIRTHS WHICH WERE REGISTERED  
AND THOSE WHICH WERE NOTIFIED.

	MALES.	FEMALES.	TOTAL.
Number of Births Registered .....	735	736	1471
Number of Births Notified .....	768	755	1523
Number of Live Births Notified .....	747	736	1483

TABLE M. &amp; C.W. 4. NORTHAMPTON, 1925.

NOTIFICATION OF BIRTHS. SOURCES OF NOTIFICATION.

	Number.	Proportion per cent.
Medical Practitioners .....	559*	36.7
Certified Midwives .....	685	45.0
Parents and Others .....	279	18.3
Totals .....	1523	100.0

\*Includes 158 also notified by midwives.



TABLE M. &amp; C.W. 5. NORTHAMPTON, 1925.

NOTIFICATION OF BIRTHS. NUMBER AND CLASSIFICATION OF NOTIFIED AND NON-NOTIFIED CASES OF BIRTH, THE CIRCUMSTANCES ATTENDING WHICH WERE THE SUBJECT OF INVESTIGATION.

Classification.	LIVE BIRTHS.								STILLBIRTHS.							
	MATURE.				PREMATURE.				MATURE.				PREMATURE.			
	Single.		Multiple.		Single.		Multiple.		Single.		Multiple.		Single.		Multiple.	
	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
	1201	40	32	0	45	0	6	0	15	1	2	0	7	1	0	0
Totals.	1241		32		45		6		16		2		8		0	
	1273				51				18				8			
	1324								26							
	1350															

TABLE M. &amp; C.W. 6. NORTHAMPTON, 1925.

MATERNITY AND INFANT WELFARE CENTRES. STATISTICS.

CENTRE.	DAY OF MEETING (2.30—4.30 P.M.).	AVERAGE ATTENDANCE PER WEEK.			Average Number consulting Doctor per Session.
		Mothers (incl. Expectant Mothers).	Expectant Mothers.	Babies and Toddlers.	
Abington Avenue	Thursdays .....	54	2	61	48
Artizan Road .....	Fridays .....	39	1	42	36
Doddridge Memorial	Tuesdays .....	45	3	53	44
Far Cotton .....	Fridays .....	42	2	54	39
Hull Memorial .....	Thursdays .....	40	2	46	38
King Street .....	Wednesdays .....	32	3	41	37
Kingsthorpe .....	Tuesdays .....	29	1	38	30
St. Sepulchre's .....	Wednesdays .....	46	2	56	38
	Totals .....	327	16	391	310

TABLE M. &amp; C.W. 7. NORTHAMPTON, 1925.

## MIDWIVES ACTS. NOTIFICATIONS RECEIVED FROM MIDWIVES.

NATURE OF REPORT.	MIDWIVES NOTIFYING.	NO. OF REPORTS.	REMARKS.
Records of Sending for Medical Help ...	16	180	Mother's condition 132 Infant's condition 48
Notifications of Still- birth .....	5	14	Full Term ..... 9 Premature ..... 5
Notifications of Death	1	4	Mothers ..... 0 Infants ..... 4
Notifications of Artificial Feeding ...	5	17	Mother's condition 12 Infant's condition 0 Mother going to work or not wish- ing to feed her baby ..... 5
Notifications of Liability to be a Source of Infection .....	3	4	—
Notifications of Having Laid Out a Dead Body .....	3	5	Mothers ..... 1 Not connected with Childbirth ..... 4
Total .....	18	224	—



TABLE M. &amp; C.W. 8. NORTHAMPTON, 1925.

## SUMMARY OF DENTAL OPERATIONS.

NATURE OF OPERATION, ETC.	MOTHERS.	CHILDREN.	TOTALS.
Number seen .....	39	86	125
Number treated .....	33	82	115
Number of attendances .....	217	163	380
Number of teeth extracted .....	128	201	329
Number of administrations of local anæsthetic .....	48	83	131
Number of fillings .....	42	—	42
Number of linings .....	24	—	24
Number of teeth treated with nitrate of silver .....	18	372	390
Number of dressings .....	49	—	49
Number of scalings .....	9	1	10
Number of artificial plates .....	15	—	15
Number of plate repairs .....	8	—	8
Number of teeth on plates .....	167	—	167
Number of other operations .....	5	—	5
Number completed .....	18	66	84
Number partly completed, continued to 1926 .....	12	16	28

*See also Section V. of Medical Officer's Report (page 35).*

### APPENDIX III. STATISTICAL TABLES.

TABLE 1. NORTHAMPTON, 1925.

SUMMARY OF ROUTINE WORK CARRIED OUT BY THE INSPECTORS OF THE  
DEPARTMENT DURING THE YEAR.

	Number of Inspections, etc.	No. at which Nuisances, Con- traventions or Defects found
1.—Total Number of Inspections and Visits .....	17269	
2.—Number of Premises at which Nuisances were Found		1386
3.—Total Number of Houses Inspected .....	2138	1180
4.—Number of these Houses Repaired .....		601
5.—Number of these Houses Cleansed and Whitewashed		732
6.—Number of Houses Cleansed after Certificate of M.O.H. (Sec. 46, P.H.A. 1875) .....		48
7.—Number of First Visits made in consequence of Complaints by Residents .....	691	528
8.—Statutory Notices Served .....	693	
9.—Drains :—		
Tested by Smoke Test .....	78	67
Tested by Volatile Test .....	47	21
Tested by Water Test .....	5	0
Exposed under Sec. 41, P.H.A. 1875 .....	7	7
Drains reported choked .....		134
Drains reconstructed .....		93
Drains repaired .....		72
Bath, lavatory or sink waste pipes dis- connected from drains .....		1
New pans fixed to closets .....		41
Indoor soil pipes abolished .....		2
Closets supplied with flushing apparatus .....		14
10.—Contraventions of Bye-laws :—		
Animals kept so as to be a nuisance .....		1
Animals kept in contravention of Bye-laws .....		1
Accumulations of manure, etc., at :—		
(a) Houses .....		10
(b) Other premises .....		32
Other contraventions .....		4
11.—Other Nuisances :—		
Overcrowding in houses .....		21
Yard pavings re-laid or repaired .....		150
Spoutings repaired or renewed .....		163
New slop sinks fixed .....		45
Inspections of courts and alleys .....	30	13
Houses supplied with town water .....		0
Smoke observations .....	36	5
Miscellaneous nuisances .....		158



TABLE 1.—*continued.*

	Number of Inspections, etc.	No. at which Nuisances, Con- traventions or Defects found
12.—Factories and Workshops :—		
Number of Factories Inspected .....	167	35
Number of Workshops Inspected .....	289	26
Number of Workplaces Inspected .....	141	22
Number of Outworkers' Premises Inspected .....	137	12
13.—Dairies, Cowsheds, and Milkshops :—		
Number of Inspections .....	404	21
Number of New Registrations .....	28	
14.—Bakehouses—Number of Inspections .....	359	66
15.—Slaughterhouses :—		
Number of Inspections while Slaughtering was in Progress .....	4008	38
Number of other Inspections .....	235	51
16.—Other Premises where Food is Manufactured or Stored—Number of Inspections .....	1280	11
17.—Food and Drugs Acts—Number of Samples sent to Analyst .....	279	25
18.—Infectious Diseases—Visits to Infected Houses :—		
(a) First visits for investigation .....	774	
(b) Weekly visits to secure isolation .....	459	
(c) Visits to control disinfection .....	515	
Houses stripped under I.D.P. Act .....	316	
19.—Tuberculosis—Houses stripped, etc. under Tuber- culosis Regulations, etc. ....	62	
20.—Number of Visits for Inspection of :—		
(a) Schools .....	13	0
(b) Public Lavatories .....	258	1
(c) Van-dwellers .....	29	2
(d) Cinemas, etc. ....	36	0
21.—House-to-House Inspection—Number of Houses Inspected .....	441	309
Houses Cleansed and Whitewashed .....		258
Defective Houses Repaired .....		223
Houses unfit for Human Habitation reported to M.O.H. under :—		
(a) Sec. 17, H.T.P. Act, 1909 .....	26	26
(b) Sec. 28, H.T.P. Act, 1919 .....	3	3

TABLE 2. NORTHAMPTON, 1925.

## RECONSTRUCTION OF DRAINS.

SITUATION OF HOUSES.	NO. OF HOUSES.
Adelaide Street, 43, 45, 47, 49, 51, 53, 55, 57, 59 .....	9
Alfred Street, 26 .....	1
Arthur Terrace, "White Lion" .....	1
Bailiff Street, 1, 2, 3, 4, 5, 6, 7 .....	7
Bath Street, 74, 76, 78 .....	3
Bouverie Street, "Marquis of Carabas" .....	1
Bradshaw Street, "The Criterion" .....	1
Broad Street, 52, 54, 56 .....	3
Burleigh Road, 26, 28 .....	2
College Street, 5, 36 .....	2
Drapery, 24 .....	1
East Street, 2 .....	1
Exeter Road, 7, 9, 11, 13 .....	4
Gray Street, 42 .....	1
Hazelwood Road, 20, 46 .....	2
Horsemarket, 31 .....	1
Kerr Street, 2, 4 .....	2
King Street, 16 .....	1
Lower Thrift Street, 85, 87 .....	2
Market Street, 5 .....	1
Military Road, 58, 60, 62, 64, 66, 68, 70, 72 .....	8
Poole Street, 25, 27, 29, 31, 33, 35 .....	6
Russell Terrace, 2, 4, 6, 8, 10, 12 .....	6
St. Giles' Street, 81 .....	1
St. Mary's Street, 10 .....	1
Scarletwell Street, 29, 31 .....	2
Scarletwell Street, Court II., 1, 2 .....	2
South Street, 1 .....	1
Stockley Street, 2, 4 .....	2
Swan Street, 34, 36, 38, 40 .....	4
Vernon Street, 5, 7 .....	2
Washington Street, 61, 63 .....	2
West Street, 3, 5, 7, 9, 11 .....	5
Willesden's Yard, 1, 2, 3, 4, 5 .....	5
Total .....	93



TABLE 3. NORTHAMPTON, 1925.

DRAIN EXAMINATION UNDER SECTION 41 OF THE PUBLIC HEALTH ACT, 1875.

SITUATION OF PREMISES.	RESULT OF EXAMINATION.	REMARKS.
Exeter Road, 11 .....	Defective .....	Reconstructed
Kerr Street, 2 and 4 .....	Defective .....	Reconstructed
Lower Hester Street, 19 .....	Defective .....	Repaired
Market Street, 5 .....	Defective .....	Reconstructed
Rickard Street, 26 and 28 .....	Defective .....	Repaired
Number of Drains Examined .....		7

TABLE 4. NORTHAMPTON, 1925.

UNSOUND FOOD. STATEMENT OF CARCASSES OF MEAT CONDEMNED, SHEWING NUMBER AFFECTED WITH TUBERCULOSIS.

NATURE OF FOOD.	MEAT CONDEMNED.		MEAT FOUND TO BE TUBERCULOUS.	
	WHOLE CARCASSES.	PART CARCASSES.	WHOLE CARCASSES.	PART CARCASSES.
Beef .....	83	38	57	30
Mutton .....	65	3	—	—
Pork .....	68	100	32	98
Veal .....	8	—	2	—

TABLE 5. NORTHAMPTON, 1925.

## UN SOUND FOOD VOLUNTARILY SURRENDERED AND DESTROYED.

NATURE OF FOOD.	WEIGHT.			
	TONS.	CWTS.	QRS.	LBS.
Beef, home killed .....	22	3	1	6
Beef, imported .....	—	1	1	2
Mutton, home killed .....	1	6	1	5
Mutton, imported .....	—	1	3	0
Offal, home killed .....	1	6	1	6
Offal, imported .....	—	—	1	14
Pork, home killed .....	4	17	2	19
Veal, home killed .....	—	5	3	3
Eggs, imported .....	—	3	2	14
Fish .....	4	6	3	17
Fruit .....	—	9	3	3
Vegetables .....	—	10	0	0
Total (590 surrenders) .....	35	13	0	5

Also—1,532 tins, etc. of food ; 189 rabbits, 114 grouse, 40 partridges, 10 chickens, 3 ducks, 2 hares, 1 goose, and 1 turkey.



TABLE 6. NORTHAMPTON, 1925.  
FOOD AND DRUGS. SAMPLES TAKEN FOR ANALYSIS.

NATURE OF SAMPLE.	INFORMAL SAMPLES.		OFFICIAL SAMPLES.	
	TOTAL NUMBER.	NO. NOT GENUINE.	TOTAL NUMBER.	NO. NOT GENUINE.
Arrowroot .....	7	—	—	—
Baking Powder .....	3	—	1	—
Butter .....	1	—	10	—
Camphorated Oil .....	6	—	3	—
Cheese (Lemon) .....	1	—	—	—
Cream .....	9	3	2	2
Cream (preserved) .....	3	—	—	—
Cream of Tartar .....	6	—	—	—
Dripping .....	—	—	3	—
Fish Paste .....	1	—	—	—
Flour .....	3	—	5	—
Flour (self-raising) .....	3	—	—	—
Ipecacuanha Wine .....	3	1	5	—
Jam .....	—	—	3	—
Lard .....	—	—	7	—
Lemon Squash .....	1	—	—	—
Margarine .....	3	—	4	—
Milk .....	2	—	149	16
Milk (separated) .....	—	—	6	—
Mustard .....	2	—	1	—
Pepper .....	—	—	3	—
Red Precipitate Ointment .....	1	—	—	—
Sausages .....	6	1	1	1
Sugar .....	3	—	1	—
Sweet Spirits of Nitre	2	1	2	—
Vinegar .....	—	—	6	—
White Precipitate Ointment .....	1	—	—	—
Totals .....	67*	6	212*	19

\*A grand total of 279 samples, twenty-five of which (9·0 per cent.) were found not to be genuine.

TABLE 7. NORTHAMPTON, 1925.

MEASLES AND RUBELLA, AND WHOOPING COUGH. MONTHLY INCIDENCE AND MORTALITY.

MONTHS.	MEASLES AND RUBELLA.		WHOOPING COUGH.	
	CASES REPORTED.*	DEATHS.	CASES REPORTED.*	DEATHS.
January .....	441	1	94	1
February .....	179	2	41	—
March .....	47	3	29	1
April .....	66	—	17	2
May .....	49	—	36	—
June .....	1	—	19	—
July .....	7	1	16	1
August (holiday)...	—	—	—	1
September .....	6	—	8	—
October .....	70	—	1	—
November .....	14	—	6	—
December .....	55	—	4	—
Totals .....	935	7	271	6

\*Reported from Public Elementary Schools.

TABLE 8. NORTHAMPTON, 1925.

ENTERICA, SCARLATINA, AND DIPHTHERIA.

Disease.	Notifica- tions.	Attack- rates per 1,000.	Deaths.	Death- rates.	Fatality.	Numbers removed to Hospital.	Removal rates per cent.
Enterica	8	0.08	2*	0.02	25.0	7†	87.5
Scarlatina	228	2.43	4	0.04	1.8	148	64.9
Diphtheria	64	0.68	—	—	—	35‡	54.7

Figures given in this Table refer to notifications received without reference to corrected diagnosis, but are exclusive of military cases.

\* Exclusive of a death from "obstructive jaundice" of a non-genuine notified case

† Five admitted to General Hospital and two to Infectious Diseases Hospital.

‡ Includes one removal from General Hospital to Infectious Diseases Hospital and one case treated at General Hospital only.



TABLE 9. NORTHAMPTON, 1925.

BOROUGH HOSPITAL, HARBOROUGH ROAD. CASES OF COMMUNICABLE DISEASE UNDER TREATMENT.

			Scarlat- ina.	Diph- theria.	Enterica.	Total.
Number remaining from 1924	...	...	67	5	—	72
Number admitted during 1925	...	...	151	35	2	188
Number discharged during 1925	...	...	203	37	2	242
Number died during 1925	...	...	1	—	—	1
Number remaining at end of 1925	...	...	14	3	—	17

TABLE 10. NORTHAMPTON, 1925.

NUMBER OF ARTICLES DISINFECTED BY STEAM MONTH BY MONTH AT THE DISINFECTING STATION, ST. ANDREW'S ROAD.

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
850	778	553	308	444	683	687	544	378	453	662	413	6753

TABLE 11. NORTHAMPTON, 1925.

CLINICAL BACTERIOLOGY. NUMBER OF SUSPECTED CASES IN WHICH EXAMINATION WAS MADE AND THE NUMBER AND NATURE OF THE REPORTS RECEIVED IN CONNECTION WITH THESE.\*

DIPHTHERIA— Throat and Nose Secretions.				TYPHOID AND PARATYPHOID FEVERS— Dreyer's Tests, etc.				TUBERCULOSIS— Sputum, Urine, etc.				OTHER CONDITIONS.				TOTAL.			
No. of Suspected Cases		Reports received.		No. of Suspected Cases	Reports received.		No. of Suspected Cases	Reports received.		No. of Suspected Cases	Reports received.		No. of Suspected Cases	Reports received.		Total			
297	110	401	511	16	7	12	19	416	177	386	563	2	2	0	2	731	296	799	1095

\* The above Table does not take into account the reports made in connection with the venereal diseases scheme.



TABLE 12. NORTHAMPTON, 1925. METEOROLOGICAL DATA.

MONTH.	RAINFALL.				TEMPERATURE.								DIRECTION OF WIND.				Quarters.
	Total inches.	Greatest in 24 hours.		Days in which 0.01 in. or more fell.	Mean.	Maximum.		Minimum.		No. of Nights at or below 32 deg.	S. W. Quadrant including W. Days.	S. E. Quadrant including S. Days.	N. E. Quadrant including E. Days.	N. W. Quadrant including N. Days.			
		Depth.	Date.			Deg.	Date.	Deg.	Date.								
January ...	1.06	0.27	1	14	41.29	54.9	2	27.8	16	5	20	5	2	4	First.		
February	2.84	0.63	25	22	41.53	54.2	10	29.6	24	4	18	5	—	5			
March .....	0.47	0.15	20	13	42.70	56.3	18	26.7	13	11	5	—	9	17			
April .....	1.56	0.20	28	17	46.59	63.8	12	25.5	4	1	11	5	6	8	Second.		
May .....	2.47	0.58	23	21	54.56	77.8	{ 16 18	35.0	1	—	19	9	—	3			
June .....	0.03	0.03	26	1	60.51	87.3	11	40.0	3	—	1	4	9	16			
July .....	2.41	0.53	22	14	63.67	87.8	22	48.0	9	—	12	5	5	9	Third.		
August ...	1.57	0.58	10	14	58.44	76.8	17	60.9	25	—	15	2	5	9			
September	3.26	1.05	19	19	53.47	67.1	30	39.5	13	—	6	4	1	19			
October ...	2.96	1.14	19	15	51.63	68.8	6	33.1	14	—	12	4	8	7	Fourth.		
November	1.49	0.38	6	17	40.31	59.9	3	24.8	14	15	7	—	17	6			
December	2.28	0.85	22	16	37.11	56.1	29	19.5	6	16	9	5	2	15			
Year 1925	22.40	1.14	Oct. 19	183	49.32	87.8	July 22	19.5	Dec. 6	52	135	48	64	118			

TABLE 13. NORTHAMPTON, 1925.

HOUSING, TOWN PLANNING, &c. ACT, 1909, AND HOUSING ACT, 1925.  
 HOUSES REPRESENTED BY THE MEDICAL OFFICER OF HEALTH DURING THE  
 YEAR. SUBSEQUENT ACTION AND CONDITION AT THE END OF THE YEAR.

HOUSES.	DATE OF			REMARKS.
	Representa- tion.	Closing Orders.	Demolition Orders.	
Bearward Street, 46 & 48	9-12-25	—	—	Both occupied. (Closing Orders on 8-3-26).
Chapel Place, 11, 12, 13, 14, 15, 16, 17, 18, & 19	9-1-25	4-5-25	—	Nos. 15 & 16 occupied ; remainder empty. (Pre- viously represented in 1919).
Green Street, 58, 60, & 62	9-10-25	—	—	Closing Orders 4-1-26. Nos. 58 & 60 occu- pied ; No. 62 con- verted into and used as lock-up shop. (Previously represented in 1919).
Horseshoe Street, 13, 15, 17, 19, & 21	11-9-25	7-12-25	—	No. 21 empty ; remainder occupied.
Manor Road, 7 .....	9-1-25	4-5-25	—	Demolished in February, 1926. (Previously repre- sented in 1920).
Oakley Street, 24 (rear portion)	11-9-25	7-12-25	—	Unoccupied.
Paradise Row, 1 .....	9-12-25	—	—	Renovated. No Closing Order made.
Silver Street, 53, 55, 57, & 59	9-10-25	—	—	Closing Orders 4-1-26. No. 59 empty ; remainder occupied.



TABLE 14. NORTHAMPTON, 1925.

HOUSING, TOWN PLANNING, &C. ACT, 1909. HOUSES REPRESENTED BY THE MEDICAL OFFICER OF HEALTH PREVIOUS TO 1925, BUT NOT FINALLY DEALT WITH BEFORE THIS YEAR BEGAN. ACTION TAKEN DURING 1925, AND CONDITION AT THE END OF THE YEAR.

HOUSES.	DATE OF			REMARKS.
	Representa- tion.	Closing Orders.	Demolition Orders.	
Bearward Street, 36 ...	19-2-19	2- 6-19	—	Used as shed and warehouse (not reconstructed). All occupied.
Chalk Lane, 22, 23, 24, & 25	21-9-21	*	—	
Freeschool Street, 22 ...	21-1-20	7- 6-20	—	Empty. No Demolition Order yet made.
King Street, 10 & 11 ...	17-12-19	8- 3-20	—	Both used as stores (not reconstructed).
Leicester Street, 6, 8, & 10	17-12-19	*	—	All occupied. Shored up at back.
Melbourne Street, 53 ...	21-3-23	30- 7-23	—	Empty. No work done.
Nelson Street, 17 .....	19-11-19	*	—	Occupied.
Riding, 7 & 8 .....	20-9-22	1- 1-23	—	No. 7 occupied; No. 8 used as store with No. 9 (not altered).
Riding, 15 .....	20-9-22	4-12-22	—	Empty.
Riding, 16, 17, & 18 ...	19-7-22	4-12-22	—	Nos. 16 & 18 empty; No. 17 occupied.
Riding, 25, 26, 27, 28, & 32	20-9-22	4-12-22	—	Nos. 25, 26, & 32 occupied; Nos. 27 & 28 used as stores (not altered).
Riding, 33, 34, 35, 36, 37, 38, & 39	20-9-22	1- 1-23	—	All occupied.
St. Mary's Street, 4 & 6	30-10-12	10- 2-13	5-1-14	Both empty.
Scarletwell Street, 113	21-2-23	4- 6-23	—	Partly demolished.
Silver Street, 36 & 38	9 -5-24	11-11-24	—	Both demolished (January, 1926).
Vicarage Lane, The Yard, 2, 3, 4, & 5	14-11-24	2- 2-25	—	All occupied.

\*Consideration of Closing Orders postponed by Public Health Committee.





TABLE A. (L.G.B. TABLE I.)

COUNTY BOROUGH OF NORTHAMPTON.

Vital Statistics during 1925 and previous Years.

Year.	Popula- tion esti- mated to Middle of each Year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un- corrected Number.	Nett.		Number.	Rate.	Non- residents registered in the District.	Resi- dents not registered in the District.	Under 1 Year of Age		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1920	92488	2318	2248	24.2	1137	12.3	130	40	166	73.8	1047	11.3
1921	92300	1924	1881	20.4	1022	11.1	123	65	124	65.9	964	10.4
1922	92950	1697	1646	17.7	1108	11.9	116	54	86	52.2	1046	11.3
1923	93230	1723	1662	17.8	1177	12.6	140	49	95	57.2	1086	11.6
1924	93590	1591	1534	16.4	1143	12.2	149	42	80	52.1	1036	11.1
1925	93970	1531	1471	15.6	1229	13.1	167	54	98	66.6	1116	11.0*

\* Standardised rate (factor = 0.921).

This Table is arranged to shew the gross births and deaths in the district and the births and deaths properly belonging to it with the corresponding rates.

Column 6 includes the whole of the deaths registered during the year as having actually occurred within Northampton and excludes any deaths of soldiers and sailors. Such deaths are as follow :—

YEAR.	NO. OF DEATHS.
1920 .....	1
1921 .....	0
1922 .....	0
1923 .....	1
1924 .....	0
1925 .....	0

Area of District in acres (land and inland water)	...	...	3,469
Total Population at all ages	...	...	90,895
Total Families or Separate Occupiers	...	...	21,979
Number of Inhabited Houses	...	...	19,893

} At Census 1921.

TABLE B. (L.G.B. TABLE II.)  
COUNTY BOROUGH OF NORTHAMPTON.  
Cases of Infectious Diseases notified during the Year 1925.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH WARD.											Total Cases removed to Borough Hospitals	
	At all Ages.	At Ages—Years.							Abington	Castle	Delapre	Kingsley	Kingsthorpe	North	St. Crispin's	St. Edmund's	St. James'	St. Lawrence's	St. Michael's		South
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up- wards													
Smallpox .....	23	...	...	6	8	4	5	...	...	2	...	2	...	...	2	2	...	4	4	7	23
Cholera .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria .....	64	...	14	39	8	2	1	...	6	9	...	5	4	10	3	...	13	2	7	5	34
Erysipelas .....	49	...	1	3	3	10	29	3	2	6	5	3	2	9	2	3	4	2	8	3	...
Scarlatina .....	228	2	37	138	38	13	...	...	7	18	40	15	15	20	23	11	30	16	16	17	148
Typhus Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enterica .....	8	...	...	1	5	1	1	...	...	3	...	...	...	2	1	...	1	...	...	1	2
Relapsing Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever .....	9	...	...	...	4	5	...	...	1	1	...	...	...	...	1	1	...	1	...	4	...
Cerebro-spinal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	11	11	...	...	...	...	...	...	...	4	1	...	...	1	...	...	...	2	2	1	...
Pulmonary Tuberculosis	109	...	1	7	33	47	19	2	7	16	5	7	12	9	11	6	17	7	8	4	55*
Other Forms of Tuberculosis .....	32	...	8	18	4	2	...	...	3	6	1	1	3	6	1	1	5	2	1	2	1†
Pneumonia .....	353	35	114	62	25	51	43	23	19	65	27	22	26	36	21	21	41	31	26	18	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-encephalitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery .....	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Malaria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox .....	303	17	120	156	6	4	...	...	10	30	56	13	15	34	13	10	89	9	6	18	...
Totals .....	1190	65	295	430	134	140	98	28	55	161	135	68	77	127	78	55	200	76	78	80	263

\*Thirty to Welford Road Hospital and twenty-five to Creton Sanatorium.

†To Welford Road Hospital.

The above figures are exclusive of military cases, but take no account of corrections in diagnosis. (See Section IV. of M.O.H. Report for further information).

Institutions—(1) Harborough Road Infectious Diseases Hospital (total available beds about 100) ;

(2) Welford Road Tuberculosis Hospital (28 beds) ;

(3) Smallpox Hospital, near Hardingstone (16 beds) ;

(4) Northamptonshire Sanatorium, Creton (60 Beds—15 for Northampton County Borough).





TABLE C. (L.G.B. TABLE III.)

## COUNTY BOROUGH OF NORTHAMPTON.

Causes of and Ages at Death during the Year 1925.

CAUSES OF DEATH.					NETT DEATHS AT THE SUBJOINED AGES OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									Total Deaths whether of Residents or Non- Residents in Institutions in the District.
					ALL AGES	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and up- wards	
ALL CAUSES	{ Certified Uncertified	... ...	... ...	... ...	1115 1	98 ...	18 ...	21 ...	18 ...	57 ...	117 ...	274 ...	512 1	412 ...
1. Enteric Fever	...	...	...	...	2	...	...	...	...	1	...	1	...	2
2. Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Measles	...	...	...	...	7	3	3	1	...	...	...	...	...	...
4. Scarlet Fever	...	...	...	...	4	...	...	...	2	1	1	...	...	...
5. Whooping Cough	...	...	...	...	6	5	...	1	...	...	...	...	...	...
6. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7. Influenza (see also 17 (a))	...	...	...	...	12	...	...	...	...	...	...	6	6	...
8. Erysipelas	...	...	...	...	1	...	...	...	...	...	...	...	1	...
9. Phthisis (Pulmonary Tuberculosis)	...	...	...	...	77	...	...	...	1	27	37	11	1	12
10. Tuberculous Meningitis	...	...	...	...	6	1	3	...	1	1	...	...	...	10
11. Other Tuberculous Diseases	...	...	...	...	15	...	1	1	1	2	4	4	2	7
12. Cancer, Malignant Disease	...	...	...	...	140	...	...	...	...	1	9	65	65	42
13. Rheumatic Fever	...	...	...	...	7	...	...	...	2	2	1	1	1	3
14. Meningitis	...	...	...	...	3	...	1	1	...	...	1	...	...	2
*15. Heart Disease	...	...	...	...	124	...	...	...	2	5	5	48	64	39
16. Bronchitis	...	...	...	...	79	5	...	...	...	...	5	12	57	18
*17. Pneumonia (all forms)	...	...	...	...	75	13	6	9	3	2	9	21	12	10
18. Other Diseases of Respiratory Organs	...	...	...	...	13	1	1	1	1	...	3	3	3	6
19. Diarrhoea and Enteritis	...	...	...	...	8	8	...	...	...	...	...	...	...	1
20. Appendicitis and Typhlitis	...	...	...	...	9	...	...	...	...	2	5	2	...	14
21. Cirrhosis of Liver	...	...	...	...	5	...	...	...	...	...	...	3	2	2
21a. Alcoholism	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22. Nephritis and Bright's Disease	...	...	...	...	37	...	...	1	2	3	5	10	16	18
23. Puerperal Fever	...	...	...	...	3	...	...	...	...	...	3	...	...	2
24. Other Accidents and Diseases of Preg- nancy and Parturition	...	...	...	...	6	...	...	...	...	...	6	...	...	8
25. Congenital Debility and Malformation, including Premature Birth	...	...	...	...	51	50	...	1	...	...	...	...	...	14
26. Violent Deaths, excluding Suicide	...	...	...	...	27	...	2	3	...	6	5	4	7	37
27. Suicide	...	...	...	...	11	...	...	...	...	...	2	6	3	1
*28. Other Defined Diseases	...	...	...	...	385	12	...	2	3	4	16	76	272	164
29. Diseases ill-defined or unknown	...	...	...	...	3	...	1	...	...	...	...	1	1	...
TOTALS					1116	98	18	21	18	57	117	274	513	412
*Sub- entries included in above figures.	15 (a) Endocarditis, etc.	...	...	...	4	...	...	...	1	1	...	2	...	2
	17 (a) Influenzal Pneumonia	...	...	...	10	1	...	...	...	1	3	2	3	1
	(b) Broncho-pneumonia	...	...	...	25	10	4	6	1	...	...	2	2	4
	28 (a) Senile Decay	...	...	...	143	...	...	...	...	...	...	1	142	42
	(b) Apoplexy	...	...	...	84	...	...	...	...	...	1	29	54	24
	(c) Malaria	...	...	...	2	...	...	...	...	...	1	1	...	...
	(d) Dysentery	...	...	...	1	...	...	...	...	...	1	...	...	...





TABLE D. (L.G.B. TABLE IV.)

## COUNTY BOROUGH OF NORTHAMPTON.

## INFANT MORTALITY DURING THE YEAR 1925.

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSES OF DEATH.						Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
ALL CAUSES	Certified	...	...	...	...	32	4	8	5	49	18	12	12	7	98
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	1	...	1	1	3
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	3	2	...	...	5
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ( <i>not Tuberculous</i> )	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	2	...	2	...	...	...	...	2
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	1	1	2	1	5
Pneumonia (all forms)	...	...	...	...	...	...	...	...	1	1	3	2	4	3	13
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Enteritis	...	...	...	...	...	...	...	...	...	...	2	1	3	...	6
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	1	1	2	...	1	...	4
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	4	...	...	...	4	...	...	...	...	4
Congenital Malformations	...	...	...	...	...	4	...	3	...	7	1	...	...	...	8
Premature Birth	...	...	...	...	...	20	1	1	2	24	3	...	...	...	27
Atrophy, Debility, and Marasmus	...	...	...	...	...	4	3	1	1	9	2	3	...	1	15
Other Causes	...	...	...	...	...	...	...	1	...	1	...	...	1	1	3
Totals	...	...	...	...	...	32	4	8	5	49	18	12	12	7	98

Nett Births Registered.					Nett Deaths Registered.					Infant Death-rates.				
		M.	F.	Total.			M.	F.	Total.			M.	F.	Total.
Legitimate	...	702	717	1419	...		52	40	92	...		74.1	55.8	64.8
Illegitimate	...	33	19	52	...		5	1	6	...		151.6	52.6	115.4
Totals	...	735	736	1471	...		57	41	98	...		77.6	55.7	66.6





TABLE E. NORTHAMPTON, 1926.

## REPORT ON THE

Administration of the FACTORY &amp; WORKSHOP ACT, 1901, in connection with

## Factories, Workshops, Workplaces, and Homework.

## 1.—INSPECTION.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
FACTORIES ..... (Including Factory Laundries and Bakehouses)	145	27	...
WORKSHOPS ..... (Including Workshop Laundries and Bakehouses)	287	21	...
WORKPLACES ..... (Other than Outworkers' Premises)	124	25	...
OUTWORKERS' PREMISES .....	91	8	...
Totals .....	647	81	...

## 2.—DEFECTS FOUND.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness .....	20	20	...	...
Want of Ventilation .....	1	1	...	...
Overcrowding .....	...	...	...	...
Want of Drainage of Floors .....	...	...	...	...
Other Nuisances .....	...	...	...	...
Sanitary Accommodation (insufficient ..... unsuitable or defective ... not separate for sexes ...	6 3 ...	6 2 ...	... ... ...	... ... ...
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100) .....	51	51	...	...
Other Offences ..... (Excluding offences relating to outwork which are included in Part 3 of this Report)	...	...	...	...
Totals .....	81	80	...	...

\*Including those specified in sections 2, 3, 7, and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

## 3.—HOMEWORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLE-SOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists. (8)	Prosecutions.		Instances. (11)	Notices served. (12)	Prosecutions. (13)	Instances. (14)	Orders made (S. 110). (15)	Prosecutions (Sections 109, 110) (16)
	Sending twice in a year.			Sending once in the year.				Failing to keep or permit inspection of lists. (9)	Failing to send lists. (10)						
	Lists. (2)	Outworkers.		Lists. (5)	Outworkers.										
		Con-tractors. (3)	Work-men. (4)		Con-tractors. (6)	Work-men. (7)									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
WEARING APPAREL :— (1) Making, etc. ....	4	12	19	9	3	31	...	...	...	8	8	...	...	...	...

There are no Outworkers in any of the other trades usually shown in the above table.

Figures given in Cols. 11 and 12 refer in each instance to premises requiring cleansing and whitewashing.

## 4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year. (1)	Number. (2)
Number of Workshops (including Bakehouses) .....	232
Number of Outworkers' Premises on Register .....	78
TOTAL Number of Workshops on Register .....	310

## 5.—OTHER MATTERS.

Class. (1)	Number. (2)
MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—	
Failure to affix abstract of Factory and Workshop Act (s. 133) .....	...
Action taken in matters referred by H. M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	1
Notified by H.M. Inspector .....	1
Reports (of action taken) sent to H.M. Inspector	...
Other .....	...
Underground Bakehouses (s. 101) in use at the end of the year .....	1









